



NEW ENGLAND  
Cancer Specialists  
Infusion Center  
Kennebunk • Portsmouth • Scarborough • Topsham  
Phone: 207-303-3225 Fax:207-692-2473

## Octreotide (Sandostatin LAR) Order Form

<b>Patient Name:</b> _____	<b>DOB:</b> _____	
Diagnosis: _____	Diagnosis Code: _____	
Height: _____(cm)	Actual Weight: _____(kg)	Allergies: _____

**Octreotide :**  20 mg     30 mg     40mg     Other \_\_\_\_\_  
**Frequency:** \_\_\_\_\_

\* **In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____		
Provider Signature: _____	Date: _____	
Phone: _____	Fax: _____	Pager: _____