



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

## Lanreotide (Somatuline) Order Form

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

**Somatuline:**  **90mg**  **120mg**  **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.**

<b>Provider Name:</b> _____		
<b>Provider Signature:</b> _____	<b>Date:</b> _____	
<b>Phone:</b> _____	<b>Fax:</b> _____	<b>Pager:</b> _____