NEW ENGLAND
Cancer Specialists

Infusion Center

KENNEBUNK | ROCK ROW | TOPSHAM | PORTSMOUTH
PHONE: (207) 303-3225 | FAX: (207) 692-2473

Testosterone Cypionate IM—J1071

Patient Name | Middle | Last | DOB

Diagnosis | Diagnosis Code

Height (cm) | Actual Weight (kg) | Allergies

DOSING & FREQUENCY

Testosterone 100mg IM: ◯ Every 7 Days ◯ Every 14 Days ◯ Every 28 Days

Testosterone 200mg IM: ◯ Every 7 Days ◯ Every 14 Days ◯ Every 28 Days

Provider Name | Provider Signature

Date | Phone | Fax | Pager

July 10, 2026