MIC | METRO INFUSION CENTER

Octreotide Acetate (Sandostatin LAR)

Name:
DOB:
Diagnosis/Code: /
Cancer Stage:

Dose calculation:
Flat dose, not a weight based medication

Dosing Guidelines/Parameters: ***Provider must select hold parameters that will trigger a call from the Infusion Staff***

Hydration Orders:
Not required

Premedication and Antiemetic Orders:
Not required
List any numbing procedure prior to injection if any:

Treatment Orders:

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
☐ Octreotide Acetate (Sandostatin LAR)	10mg	IM*	Every 28 days
☐ Octreotide Acetate (Sandostatin LAR)	20mg	IM*	Every 28 days
☐ Octreotide Acetate (Sandostatin LAR)	30mg	IM*	Every 28 days
☐ Octreotide Acetate (Sandostatin LAR)	40mg	IM*	Every 28 days

* Give in the outer gluteal region with recommended needle size for administration of SANDOSTATIN LAR DEPOT is the 1½” 19-gauge safety injection needle (supplied in the drug product kit). For patients with a greater skin to muscle depth, a size 2” 19-gauge needle (not supplied) may be used

Date of intended first treatment at Metro Infusion Center:____________________
Subsequent treatment may be given +/- 2 days or as otherwise specified:
This order is good for 1 year from the date ordered

Other:

Call referring provider for:

Date:

Referring Provider:________________________ ________________________ Phone# ________________
SIGNATURE REQUIRED PRINTED NAME REQUIRED

Office Contact name/number:

All information in this order is strictly confidential and will become part of the patient’s medical record. Contact us with questions at (877)448-3627. Send completed form and all documentation to confidential email: Intake@metroinfusioncenter.com or fax to (866)507-1164

Revised 1/9/25