



**PATIENT INFORMATION**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Gender:**  M  F  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_  
**Please Attach:**  Insurance cards  History & Physical  Most recent labs  Medication list  
 NKDA  Allergies: \_\_\_\_\_

**PRESCRIBER INFORMATION**

**Ordering Provider Name:** \_\_\_\_\_  
**Provider NPI:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Practice Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**REQUIRED INFORMATION**

**Documentation:**

- Recent clinical and/or office visit notes supporting primary diagnosis
- Recent IGF-1/GH levels

**MEDICATION ORDERS**

**ICD-10 Diagnosis Codes:**

- E34.00** Carcinoid syndrome, unspecified
- C7A.019** Malignant carcinoid tumor of the small intestine
- Other:** \_\_\_\_\_

**New to Therapy**  **Continuation of Therapy:** Date of last dose (if applicable): \_\_\_\_\_

**Dosing & Frequency:**

- Sandostatin \_\_\_\_\_ mg IM every 4 weeks
- Other:** \_\_\_\_\_
- Refills:** \_\_\_\_\_ (if not indicated prescription will expire one year from date signed)

**Sage Infusion Standing Orders:**

Provide treatment under Sage Infusion's Clinical Guidelines, Medication Safety Protocol, Emergency Guidelines, and Action Plan for Infusion Reactions.

\_\_\_\_\_  
 Provider Name

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date

**Fax Number**

- Brandon:** (656) 218-9643
- Ocala:** (352) 565-5228
- The Villages Brownwood:** (352) 450-3080
- Clearwater:** (727) 977-9717
- Orlando:** (407) 792-6558
- The Villages Lake Sumter:** (352) 565-5553
- Fort Myers:** (239) 533-5962
- Sarasota:** (941) 413-3280
- The Villages Spanish Springs:** (352) 810-3536
- Gainesville:** (352) 450-8886
- St. Petersburg:** (727) 977-8836
- Venice:** (941) 337-0779
- Lakeland:** (863) 777-2528
- Tampa:** (813) 775-9997