



Infusion for Health
77 Rolling Oaks Drive, Suite 201
Thousand Oaks, CA 91361
Phone: 805-719-3700 Fax: 805-852-2636

LUPRON DEPOT
INJECTION ORDER

*Please fax a copy of patient's demographics, completed benefit verification, H&P relevant to the diagnosis, and current medications.

*Endometriosis: please fax op report or histological confirmation
*Fibroids: please fax ultrasound report and current CBC

Date: ___/___/___

Patient Name: _____ DOB: ___/___/___

Allergies: _____ Wt: _____ lbs / kg Ht: _____

Diagnosis: _____ DX CODES: ICD-10: _____

Lupron Depot Dosage:
(Leuprolide Acetate)
[] 3.75 mg IM Q month
[] 11.25 mg IM Q 3 months
Start on ___/___/___ Number of doses: _____

Printed Provider's Name: _____ NPI: _____

Provider's Signature: _____ Date: ___/___/___

Office phone number: _____ Office Fax: _____

Office address: _____ Contact person: _____