



METRO INFUSION CENTER

Trelstar® (triptorelin pamoate)

Name: _____

DOB: _____

Diagnosis/Code: _____/_____

Dose calculation:

Flat dose, not a weight-based medication

Laboratory or Other Tests Related to Chemotherapy:

Dosing Guidelines/ Parameters:

Hydration Orders: Not Required

Premedication and Antiemetic Orders: Not Required

Medication Orders:

DRUG	DOSE	ROUTE	DAYS TO BE GIVEN
<input type="checkbox"/> Triptorelin	3.75 mg	IM	Every 4 weeks
<input type="checkbox"/> Triptorelin	11.25mg	IM	Every 12 weeks
<input type="checkbox"/> Triptorelin	22.5 mg	IM	Every 24 weeks

Day 1 = _____ then every week (+/- 2 days)

This order is good for 1 year from the date ordered

Other:

Call referring provider for:

Other reasons to call:

DATE	Referring Provider: _____ Telephone# _____
	<small>SIGNATURE REQUIRED PRINTED NAME REQUIRED</small>

Send a referral via fax at 866-507-1164 or email to the bionurses@metroinfusioncenter.com