## **CHILDREN'S HEALTH**



Patient Name:	
Date of Birth:	

PHYO CHST Chorionic Gonadotropin (hCG)
EX0060-001NS Rev. 12/2022 Injection Therapy Plan

PRE-PROCEDURE LABS			
Luteinizing Hormone Unit collect	INTERVAL: Once	DURATION:	For 1 Treatment
Follicle Stimulating Hormone Unit collect	INTERVAL: Once	DURATION:	For 1 Treatment
☐ Testosterone Unit collect	INTERVAL: Once	DURATION:	For 1 Treatment
Dihydrotestosterone Unit collect	INTERVAL: Once	DURATION:	For 1 Treatment
Androstenedione Unit collect	INTERVAL: Once	DURATION:	For 1 Treatment
INTRA-PROCEDURE			
☐ Chorionic Gonadotropin injection 1,500 Units 1,500 units, INTRAMUSCULAR, ONCE, for 1 dose "For IM use only"	INTERVAL: Every	Day DURATION:	For 3 Treatment
POST-PROCEDURE			
Nursing Communication ONE TIME, Patient needs testosterone, dihydrotestosterone, and a gonadotropin (hCG) injection. Please check with care giver about This will ensure orders are available.		be drawn 24 hours after a	
POST-PROCEDURE OUTPATIENT LAB DRAW			
☐ Children's Health ☐ LabCorp ☐ Quest ☐	Other		
24 Hour Labs			
☐ <b>Testosterone</b> Draw testosterone 24 hours after administration of final chorionic go	INTERVAL: PRN nadotropin (hCG) injectio		For 1 Treatment
☐ <b>Dihydrotesterone</b> Draw dihydrotestosterone 24 hours after administration of final chor	INTERVAL: PRN ionic gonadotropin (hCG)		For 1 Treatment
Androstenedione Draw androstenedione 24 hours after administration of final chorioni	INTERVAL: PRN c gonadotropin (hCG) inje		For 1 Treatment
	(circle one): MD DO		
Signature of Provider	Credentials	Date	Time

Printed Name of Provider