Lamotrigine Level Order Form

Level monitoring for women of child-bearing age ONLY.

Date/Time Specimen Collected: ________________________

Patient Information:
(required: First and Last names, Alberta Health Care number)

Most responsible Attending Physician/Staff ordering Level: __________________________
If not a Neurologist or Obstetrician, name of consulting specialist: ____________________

Dosing information:
Time of last dose: _______________
On current dose regimen for more than 2 weeks? ______YES ______NO

Patient Description (Check ONE that applies)

( ) Patient is not pregnant but expecting to become pregnant.
( ) Patient is pregnant.
( ) Patient is post-partum (delivery date: ____________)

Level Description (Check ONE that applies)

( ) Baseline level (pre-pregnancy)
( ) Trimester level check (Note which trimester: ____________)
( ) Post partum level

Break Through Seizures: ( ) YES ( ) NO

ATTACH COMPLETED FORM TO COMPLETED ROUTINE REQUISITION.