



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.