



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: BRAJEXE

DOCTOR'S ORDERS

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

**REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form**

DATE:

TREATMENT:

Treatment starting on \_\_\_\_\_ (date)

**exemestane 25 mg** PO once daily. Mitte: \_\_\_\_\_ tablets. Repeat x \_\_\_\_\_

RETURN APPOINTMENT ORDERS

- Return in \_\_\_\_\_ weeks for Doctor.
- Further follow-up with General Practitioner.

- If clinically indicated:
- serum cholesterol
  - triglycerides

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: