



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 and according to acceptable standards of care

PROTOCOL CODE: BRAJLHRHAI

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:				
TREATMENT: Choose ONE aromatase inhibitor and ONE LHRH agonist				
<input type="checkbox"/> letrozole 2.5 mg PO daily Mitte: _____ tablets Repeat x _____				
OR				
<input type="checkbox"/> anastrozole 1 mg PO daily Mitte: _____ tablets Repeat x _____				
OR				
<input type="checkbox"/> exemestane 25 mg PO daily Mitte: _____ tablets Repeat x _____				
PLUS				
buserelin long acting (SUPREFACT DEPOT)				
		<input type="checkbox"/> 6.3 mg subcutaneous every 8 weeks x _____ treatments		
		<input type="checkbox"/> 9.45 mg subcutaneous every 12 weeks x _____ treatments		
OR				
goserelin long acting (ZOLADEX)				
		<input type="checkbox"/> 3.6 mg subcutaneous every 4 weeks x _____ treatments		
goserelin long acting (ZOLADEX LA)				
		<input type="checkbox"/> 10.8 mg subcutaneous every 12 weeks x _____ treatments		
OR				
leuprolide long acting (LUPRON DEPOT)				
		<input type="checkbox"/> 7.5 mg IM every 4 weeks x _____ treatments		
		<input type="checkbox"/> 22.5 mg IM every 12 weeks x _____ treatments		
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ months.				
If clinically indicated: <input type="checkbox"/> serum cholesterol <input type="checkbox"/> triglycerides <input type="checkbox"/> bone density				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	