BC CANCER
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: BRAVLHRHT (PO)

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:

Start on ____________________ **(date)**

tamoxifen 20 mg PO daily. Mitte: __________ tablets. Repeat x ____________

buserelin long acting (SUPREFACT DEPOT)
- ☐ **6.3 mg** subcutaneous every 8 weeks x __________ treatments
- ☐ **9.45 mg** subcutaneous every 12 weeks x __________ treatments

OR

goserelin long acting (ZOLADEX)
- ☐ **3.6 mg** subcutaneous every 4 weeks x __________ treatments

goserelin long acting (ZOLADEX LA)
- ☐ **10.8 mg** subcutaneous every 12 weeks x __________ treatments

OR

leuprolide long acting (LUPRON DEPOT)
- ☐ **7.5 mg** IM every 4 weeks x __________ treatments
- ☐ **22.5 mg** IM every 12 weeks x __________ treatments

RETURN APPOINTMENT ORDERS

☐ Return in _______ weeks for Doctor.

If clinically indicated:

☐ Serum Calcium ☐ Albumin ☐ Total bilirubin ☐ GGT ☐ ALT ☐ LDH

☐ Alkaline phosphatase ☐ Creatinine ☐ CA 15-3 ☐ CBC & Diff

☐ **Other tests:**

☐ **Consults:**

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

DOCTOR'S SIGNATURE:	**SIGNATURE:** **UC:**