



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: GUPLHRH

DOCTOR'S ORDERS Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE: _____

TREATMENT:

goserelin long acting (ZOLADEX) 3.6 mg subcutaneous q month
 goserelin long acting (ZOLADEX LA) 10.8 mg subcutaneous q 3 months
 mitte _____ doses repeat x _____

OR

leuprolide long acting (LUPRON DEPOT) 7.5 mg IM q month
 22.5 mg IM q 3 months
 30 mg IM q 4 months
 mitte _____ doses repeat x _____

OR

leuprolide long acting (ELIGARD) 7.5 mg subcutaneous q month
 22.5 mg subcutaneous q 3 months
 30 mg subcutaneous q 4 months
 45 mg subcutaneous q 6 months
 mitte _____ doses repeat x _____

OR

buserelin long acting (SUPREFACT DEPOT) 6.3 mg subcutaneous q 2 months
 9.45 mg subcutaneous q 3 months
 mitte _____ doses repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

If clinically indicated: PSA

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE: _____ **SIGNATURE:** _____

UC: _____