



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: GUPNSAA**

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<b>DOCTOR'S ORDERS</b>		Ht _____ cm    Wt _____ kg    BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>		
DATE: _____		
<b>TREATMENT:</b>		
bicalutamide 50 mg PO daily	mitte _____ months	Repeat x _____
OR		
flutamide 250 mg PO tid	mitte _____ months	Repeat x _____
OR		
niLUTAmide 150 mg PO daily	mitte _____ months	Repeat x _____
<b>RETURN APPOINTMENT ORDERS</b>		
<input type="checkbox"/> Return in _____ weeks for Doctor.		
If clinically indicated: <input type="checkbox"/> <b>PSA</b>		
<input type="checkbox"/> For flutamide: <b>bilirubin, ALT, alkaline phosphatase</b> every 3 months		
<input type="checkbox"/> <b>Other tests:</b>		
<input type="checkbox"/> <b>Consults:</b>		
<input type="checkbox"/> See general orders sheet for additional requests.		
<b>DOCTOR'S SIGNATURE:</b>		<b>SIGNATURE:</b>
		<b>UC:</b>