



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: LUAVOSI**

<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>				
<b>DATE:</b>		<b>To be given:</b>		<b>Cycle #:</b>
Date of Previous Cycle: _____				
<b>TREATMENT:</b>				
osimertinib 80 mg PO once daily				
Dose modification if required:				
<input type="checkbox"/> osimertinib 40 mg PO once daily				
Supply for: _____ days. Repeat x _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor				
Alk Phos, ALT, Bili, LDH, potassium, calcium, magnesium at each doctor's visit				
Imaging (approx. every 4-8 weeks): <input type="checkbox"/> Chest X-ray or <input type="checkbox"/> CT Scan (chest)				
If clinically indicated:				
<input type="checkbox"/> CBC & Diff <input type="checkbox"/> ECG <input type="checkbox"/> creatinine <input type="checkbox"/> Muga Scan or Echocardiogram				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>				<b>SIGNATURE:</b>
				<b>UC:</b>