

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)

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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:						
Start on (date)						
tamoxifen 20 mg PO daily. Mitte:	_tablets. Rep	eat x _				
buserelin long acting (SUPREFACT DEPOT)	☐ 6.3 mg	subcu	ıtaneou	s every 6 w	eeks x 2	treatments
	☐ 6.3 mg	subcu	ıtaneous	every 8 w	eeks x	treatments
	☐ 9.45 m	g subo	cutaneo	us every 12	weeks x	treatments
OR						
goserelin long acting (ZOLADEX)	☐ 3.6 mg subcutaneous every 4 weeks xtree					treatments
goserelin long acting (ZOLADEX LA)	☐ 10.8 mg	g subc	utaneou	us every 12	weeks x	treatments
OR						
leuprolide long acting (LUPRON DEPOT)	☐ 7.5 mg	IM ev	erv 4 we	eks x		_treatments
(Locales and Samuel Control of the C	_		-			_treatments
RETURN APPOINTMENT ORDERS						
Return in weeks for Doctor.						
If clinically indicated:						
☐ Serum Calcium and Albumin ☐ Bilirubin ☐ GGT ☐ ALT ☐ LDH ☐ Alk Phos						
☐ Creatinine ☐ CA 15-3						
Other tests:						
☐ Consults:						
☐ See general orders sheet for additional requests.						
					CICNIA	TUDE.
DOCTOR'S SIGNATURE:					SIGNA	TUKE:
					UC:	