

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: LYALIT

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DOCTOR'S ORDERS	Ht	cm	Wt	kg	BSA_	m²
REMINDER: Please ensure drug alle	rgies and previous b	leomycii	n are do	cumented	on the	Allergy & Alert Form
DATE:	To be given:			Сус	le #:	
Date of Previous Cycle:						
TREATMENT:						
☐ Female of childbearing potential (FC	BP)					
alitretinoin ☐ 30 mg or ☐ 10 mg (sel	ect one) PO once daily	y				
Mitte: 1 month supply						
☐ Male or Female of non-childbearing	notential					
	•					
alitretinoin 30 mg or 10 mg (sel	ect one) PO once daily	y				
Mitte: months						
RETURN APPOINTMENT ORDERS						
Return in four weeks for Doctor.						
Return inweeks for Doctor.						
Last cycle. Return in week(s).					
If clinically indicated: cholesterol	☐ triglyceride ☐ TS	Н 🗌 А	LT 🗌	lipase		
☐ Female of childbearing potential:						
Pregnancy test (HCG quantitative block	d) weekly for 1 weeks	durina c	velo 1			
Pregnancy test (HCG quantitative bloc	,	ŭ	•			
Pregnancy test (HCG quantitative bloc	,		-			
regnancy test (1100 quantitative bloc	d) o wooko lokowilig c	ond or the	aumont			
☐ Other tests:						
Consults:	14° 1 4 -					
See general orders sheet for add	tional requests.					
DOCTOR'S SIGNATURE:					SI	GNATURE:
					U	C: