

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 a	nd previous	s bleomy	in are d	locumente	d on the	Allergy & Alert Form
DATE:						
TREATMENT:						
Start on (date)						
tamoxifen 20 mg PO daily. Mitte:	tablets.	Repeat x				
goserelin long acting (ZOLADEX)		•		•		treatments
goserelin long acting (ZOLADEX LA)	10 .	. 8 mg sub	cutaneo	us every 12	weeks x	treatments
OR						
leuprolide long acting (LUPRON DEPOT)	☐ 7.5	mg IM ev	ery 4 we	eks x		_treatments
	22.	5 mg IM e	very 12	weeks x		_treatments
RETURN APPOINTMENT ORDERS						
Return in weeks for Doctor.						
If clinically indicated:	_					
Serum Calcium	bin GGT	Γ 🗌 ALT	LDH			
☐ Alkaline phosphatase ☐ Creatinine ☐ CA	15-3 🗌 CB0	C & Diff				
☐ Other tests:						
☐ Consults:						
☐ See general orders sheet for additional requests.						
DOCTOR'S SIGNATURE:					SIGNA	ATURE:
					UC:	