

PROTOCOL CODE: GINFOCLAR

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DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

DATE: _____ **To be given:** _____ **Week #:** _____

TREATMENT:

- octreotide long acting 30 mg** intramuscular (deep intragluteal) injection every 4 weeks.
Mitte: _____ dose Repeat x _____
- octreotide long acting 20 mg** intramuscular (deep intragluteal) injection every 4 weeks.
Mitte: _____ dose Repeat x _____
- octreotide long acting 10 mg** intramuscular (deep intragluteal) injection every 4 weeks.
Mitte: _____ dose Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor

Ultrasound gallbladder

Glucose

CT Scan

Other Tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: