

PROTOCOL CODE: GUAVEV

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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____, book chemo Day 1, 8 & 15. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & differential, platelets, creatinine, alkaline phosphatase, ALT, bilirubin, sodium, potassium, random glucose, phosphate prior to Day 1 of each cycle</p> <p>Cycle 1 Day 8 and 15: CBC & differential, platelets, creatinine, total bilirubin, alkaline phosphatase, ALT, sodium, potassium, random glucose</p> <p>If clinically indicated: <input type="checkbox"/> uric acid <input type="checkbox"/> lipase <input type="checkbox"/> HbA1c</p> <input type="checkbox"/> Ophthalmologic consult <input type="checkbox"/> Other tests <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: