



Provincial Health Services Authority

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](http://www.bccancer.bc.ca) and according to acceptable standards of care

**PROTOCOL CODE: GUPLHRH**

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
<b>DATE:</b>				
<b>TREATMENT:</b>				
goserelin long acting (ZOLADEX)	<input type="checkbox"/>	3.6 mg	subcutaneous q month	
goserelin long acting (ZOLADEX LA)	<input type="checkbox"/>	10.8 mg	subcutaneous q 3 months	
		mitte _____	doses	repeat x _____
<b>OR</b>				
leuprolide long acting (LUPRON DEPOT)	<input type="checkbox"/>	7.5 mg	IM q month	
	<input type="checkbox"/>	22.5 mg	IM q 3 months	
	<input type="checkbox"/>	30 mg	IM q 4 months	
		mitte _____	doses	repeat x _____
<b>OR</b>				
leuprolide long acting (ELIGARD)	<input type="checkbox"/>	7.5 mg	subcutaneous q month	
	<input type="checkbox"/>	22.5 mg	subcutaneous q 3 months	
	<input type="checkbox"/>	30 mg	subcutaneous q 4 months	
	<input type="checkbox"/>	45 mg	subcutaneous q 6 months	
		mitte _____	doses	repeat x _____
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
If clinically indicated: <input type="checkbox"/> PSA				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
<b>DOCTOR'S SIGNATURE:</b>			<b>SIGNATURE:</b>	
			<b>UC:</b>	