

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: BRAJLDTAM

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DOCTOR'S ORDERS	Htcm	Wt	kg	BSA	m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form					
DATE:					
TREATMENT:					
Treatment starting on		_ (date)			
tamoxifen 10 mg PO every other day. Mitte:	table	ets. Repe	at x		-
RETUR	N APPOINTME	NT ORE	ERS		
Return in weeks for Doctor.					
If clinically indicated:					
☐ See general orders sheet for additional r	raquaete				
DOCTOR'S SIGNATURE:				SIGNAT	URE:
				UC:	