



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 and according to acceptable standards of care

PROTOCOL CODE: BRAVTEST

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

To be given:

Cycle #:

Date of Previous Treatment:

Delay Treatment _____ week(s)

CBC & Diff, Platelets day of treatment

Dose modification for: **Hematology** **Other Toxicity** _____

Proceed with treatment based on blood work from _____

TREATMENT:

testosterone enanthate 400 mg IM every 4, 3 or 2 weeks (circle one) x _____ treatments.

OR

testosterone enanthate 400 mg OR **300 mg** OR **200 mg** (circle one) IM every 4 weeks x _____ treatments.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

If clinically indicated: **Serum Calcium and Albumin**

Alkaline Phosphatase

Hemoglobin

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: