



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: LUAVGEFF

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 Cycle:

TREATMENT:

gefitinib 250 mg PO daily

mitte _____ Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor

Alk Phos, ALT, Bili, LDH two weeks after starting treatment

Alk Phos, ALT, Bili, LDH at each doctor's visit

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: