



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: SMIMI

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### DOCTOR'S ORDERS

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

DATE:

TREATMENT:

**imiquimod 5% cream Pump**

Mitte: \_\_\_\_\_ pump(s) (7.5gram/pump) Repeat: \_\_\_\_\_

OR

**imiquimod 5% cream Packets**

Mitte: \_\_\_\_\_ box(s) (24 packets/box) Repeat: \_\_\_\_\_

**Directions for topical application:** \_\_\_\_\_

### RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ week(s) for Doctor and treatment.

Return in \_\_\_\_\_ week(s) for assessment.

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: