

PROTOCOL CODE: GIOCTLAR

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DOCTOR'S ORDERS

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

DATE:	To be given:	Week #:
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TREATMENT:

octreotide long acting 20 mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat x _____

octreotide long acting 30 mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat x _____

octreotide long acting ____ mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

Ultrasound gallbladder every 6 months

Other Tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: