



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: GOOVAI

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DOCTOR'S ORDERS

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

DATE:

TREATMENT:

letrozole 2.5 mg PO daily. Mitte: _____ tablets. Repeat x _____

or

anastrozole 1 mg PO daily. Mitte: _____ tablets. Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

Bone Density test (recommended biannually)

Serum Cholesterol and Triglycerides (recommended 2 months post-initiation)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: