



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: GIAAVCT

DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in four weeks for Doctor and Cycle _____. Book chemo room weekly x 3. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & diff, platelets, creatinine prior to each cycle CBC & diff, platelets prior to treatment on Day 8 and 15 If clinically indicated: <input type="checkbox"/> bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> magnesium <input type="checkbox"/> CEA <input type="checkbox"/> SCC <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: