

PROTOCOL CODE: GUNAJPG

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DOCTOR'S ORDERS	
DATE:	
DOSE MODIFICATION REQUIRED ON DAY 8:	
gemcitabine <input type="checkbox"/> 1250 or <input type="checkbox"/> 1000 mg/m ² /day (select one) x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg/m ² x BSA = _____ mg	
IV in 250 mL NS over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____, book chemo Day 1 & 8. <input type="checkbox"/> Book Day 2 chemo if required. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
CBC & Diff, platelets , creatinine , ALT , alkaline phosphatase , total bilirubin prior to each cycle CBC & Diff, platelets , creatinine prior to Day 8 of each cycle <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: