



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 BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: CNLAN

DOCTOR'S ORDERS

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

DATE: To be given: Week #:

TREATMENT:

[] lanreotide (SOMATULINE AUTOGEL®) 60 mg deep subcutaneous injection every 4 weeks.

Mitte: _____ dose Repeat x _____

[] lanreotide (SOMATULINE AUTOGEL®) 90 mg deep subcutaneous injection every 4 weeks.

Mitte: _____ dose Repeat x _____

[] lanreotide (SOMATULINE AUTOGEL®) 120 mg deep subcutaneous injection every 4 weeks.

Mitte: _____ dose Repeat x _____

RETURN APPOINTMENT ORDERS

[] Return in _____ weeks for Doctor

[] Ultrasound gallbladder if clinically indicated

[] Other Tests: _____

[] Consults: _____

[] See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: