

PROTOCOL CODE: GUAVPG

(Page 2 of 2)

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, Alk Phos, Bili prior to each cycle CBC & Diff, Platelets, Creatinine prior to Day 8 <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: