



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: GUPHDBIC

DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies are documented on the Allergy & Alert Form.

One cycle consists of 4 weeks (30 days) of bicalutamide

DATE:

To be given:

Cycle #:

Date of Previous Cycle:

Delay treatment _____ week(s)

Proceed with treatment based on bloodwork from _____

TREATMENT:

bicalutamide 150 mg PO once daily.

Mitte: _____ Repeat x _____

Dose modification:

bicalutamide 100 mg PO once daily.

Mitte: _____ Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor and Cycle _____.

Last Cycle. Return in _____ week(s).

PSA prior to each physician visit

Prior to Cycles 2 and 3: Alk Phos, ALT, bilirubin

Cycle 4 onwards: Alk Phos, bilirubin, ALT, testosterone every 3 months

If clinically indicated: ECG sodium potassium HbA1c cholesterol

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: