



BC Cancer Agency

CARE & RESEARCH

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: GOENDH

Please use GOENDAI PPPO if prescribing an aromatase inhibitor

DOCTOR'S ORDERS

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

DATE:

TREATMENT:

tamoxifen _____ mg PO daily (10 and 20 mg tablets; Usual dose 20 mg) Mitte: _____ tablets.

Repeat x _____

Or

megestrol _____ mg PO daily (40 and 160 mg tablets; Usual dose 160 mg) Mitte: _____ tablets.

Repeat x _____

Or

medroxyPROGESTERone _____ mg PO daily (5 and 100 mg tablets; Usual dose 200 mg) Mitte: _____ tablets.

Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

Tests: CA 19-9 CA 15-3 Chest X-ray

CA 125 CEA Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: