



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](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: **SATAM**

<b>DOCTOR'S ORDERS</b>	
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>	
<b>DATE:</b>	
TREATMENT:	
<b>Tamoxifen 20 mg PO BID</b>	
Mitte: _____ Tablets	Repeat x _____
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in _____ weeks	
<input type="checkbox"/> CT Scan <input type="checkbox"/> MRI	
<input type="checkbox"/> Other Tests: _____	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	UC: