



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: BRAJTAM (PO)

<b>DOCTOR'S ORDERS</b>		Ht _____ cm	Wt _____ kg	BSA _____ m <sup>2</sup>
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>				
DATE:				
TREATMENT:				
Treatment starting on _____ (date)				
Tamoxifen 20 mg PO daily. Mitte: _____ tablets. Repeat x _____				
<b>RETURN APPOINTMENT ORDERS</b>				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
If clinically indicated: <input type="checkbox"/> <b>CBC &amp; Diff, Platelets</b> <input type="checkbox"/> <b>Serum Cholesterol</b> <input type="checkbox"/> <b>Triglycerides</b> <input type="checkbox"/> <b>LFT's (please itemize)</b>				
<input type="checkbox"/> <b>Other tests:</b>				
<input type="checkbox"/> <b>Consults:</b>				
<input type="checkbox"/> <b>See general orders sheet for additional requests.</b>				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	