



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: BRAVLHRHT (PO)

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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

DATE:

TREATMENT:

Start on \_\_\_\_\_ (date)

Tamoxifen 20 mg PO daily. Mitte: \_\_\_\_\_ tablets. Repeat x \_\_\_\_\_

- Buserelin acetate  6.3 mg SC every 6 weeks x 2 treatments  
 6.3 mg SC every 8 weeks x \_\_\_\_\_ treatments  
 9.45 mg SC every 12 weeks x \_\_\_\_\_ treatments

OR

- Goserelin acetate  3.6 mg SC every 4 weeks x \_\_\_\_\_ treatments  
 10.8 mg SC every 12 weeks x \_\_\_\_\_ treatments

OR

- Leuprolide acetate  7.5 mg IM every 4 weeks x \_\_\_\_\_ treatments  
 22.5 mg IM every 12 weeks x \_\_\_\_\_ treatments

**RETURN APPOINTMENT ORDERS**

Return in \_\_\_\_\_ weeks for Doctor.

- Serum Calcium and Albumin  
 Ionized calcium  
 Other tests:  
 Consults:  
 See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: