



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: BRAVTRAP

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RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. <input type="checkbox"/> Last Cycle. Return in _____ weeks.	
CBC & Diff, Platelets prior to each cycle If clinically indicated: <input type="checkbox"/> Total Bilirubin <input type="checkbox"/> AST <input type="checkbox"/> Other tests: <input type="checkbox"/> ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> MUGA Scan <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE: UC: