



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: GOENDAI

**DOCTOR'S ORDERS**

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

**DATE:**

TREATMENT:

**Anastrozole** 1 mg PO daily. Mitte: \_\_\_\_\_ tablets. Repeat x \_\_\_\_\_

Or

**Letrozole** 2.5 mg PO daily. Mitte: \_\_\_\_\_ tablets. Repeat x \_\_\_\_\_

Or

**Exemestane** 25 mg PO daily. Mitte: \_\_\_\_\_ tablets. Repeat x \_\_\_\_\_

**RETURN APPOINTMENT ORDERS**

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

Bone Density test (recommended biannually)

Serum Cholesterol and Triglycerides (recommended 2 months post-initiation)

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: