



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: **GUPLHRH**

**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:

**Goserelin acetate**  3.6 mg SC q 4 weeks  
 10.8 mg SC q 12 weeks

mitte \_\_\_\_\_ doses Repeat x \_\_\_\_\_

OR

**Leuprolide acetate**  7.5 mg IM q month  
 22.5 mg IM q 3 months  
 30 mg IM q 4 months

mitte \_\_\_\_\_ doses Repeat x \_\_\_\_\_

OR

**Leuprolide acetate**  22.5 mg SC q 3 months  
 45 mg SC q 6 months

mitte \_\_\_\_\_ doses Repeat x \_\_\_\_\_

OR

**Buserelin acetate**  6.3 mg SC q 2 months  
 9.45 mg SC q 3 months

mitte \_\_\_\_\_ doses Repeat x \_\_\_\_\_

**RETURN APPOINTMENT ORDERS**

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

**Other tests:**

**Consults:**

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**UC:** \_\_\_\_\_