



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: HNSAVTAM (PO)

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

TREATMENT:

Tamoxifen 20 mg PO daily. Mitte _____ tablets. Repeat x _____.

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

Three to seven days after starting treatment in patients known to have bone metastases:

- Serum Calcium**
- Albumin**
- Ionized Calcium**

If clinically indicated:

- Calcium and Albumin**
- CBC & Diff, Platelets**
- Serum Cholesterol and Triglycerides**
- LFT's (please itemize) _____**

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: