



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: SMTAM (PO)**

<b>DOCTOR'S ORDERS</b>	
<b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b>	
DATE:	
<b>TREATMENT:</b> Treatment starting on _____ (date)  Tamoxifen 20 mg PO BID. Mitte: _____ months supply. Repeat x _____	
<b>RETURN APPOINTMENT ORDERS</b>	
<input type="checkbox"/> Return in _____ weeks for Doctor.	
If clinically indicated: <ul style="list-style-type: none"> <li><input type="checkbox"/> CBC &amp; Diff, Platelets</li> <li><input type="checkbox"/> Serum Cholesterol</li> <li><input type="checkbox"/> Triglycerides</li> <li><input type="checkbox"/> LFT's (please itemize)</li> </ul>	
<input type="checkbox"/> Other tests:	
<input type="checkbox"/> Consults:	
<input type="checkbox"/> See general orders sheet for additional requests.	
<b>DOCTOR'S SIGNATURE:</b>	<b>SIGNATURE:</b>
	<b>UC:</b>