



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care

PROTOCOL CODE: BRAJLHRHT

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 _____

- buserelin long acting (SUPREFACT DEPOT) 6.3 mg subcutaneous every 6 weeks x 2 treatments
- 6.3 mg subcutaneous every 8 weeks x _____ treatments
- 9.45 mg subcutaneous every 12 weeks x _____ treatments

OR

- goserelin long acting (ZOLADEX) 3.6 mg subcutaneous every 4 weeks x _____ treatments
- goserelin long acting (ZOLADEX LA) 10.8 mg subcutaneous every 12 weeks x _____ treatments

OR

- leuprolide long acting (LUPRON DEPOT) 7.5 mg IM every 4 weeks x _____ treatments
- 22.5 mg IM every 12 weeks x _____ treatments

RETURN APPOINTMENT ORDERS

Return in _____ months.

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: