



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: BRAJTAM

DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE: _____				
TREATMENT:				
Treatment starting on _____ (date)				
tamoxifen 20 mg PO daily. Mitte: _____ tablets. Repeat x _____				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
If clinically indicated: <ul style="list-style-type: none"> <input type="checkbox"/> CBC & Diff, Platelets <input type="checkbox"/> Serum Cholesterol <input type="checkbox"/> Triglycerides <input type="checkbox"/> Bilirubin <input type="checkbox"/> Alk Phos <input type="checkbox"/> ALT <input type="checkbox"/> GGT 				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	