**PROTOCOL CODE: BRAJZOL5**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht________cm</th>
<th>Wt________kg</th>
<th>BSA________m²</th>
</tr>
</thead>
</table>

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

**DATE:**

To be given: _____________________________ Cycle #: _____________________________

Date of Previous Treatment:

**TREATMENT:**

zoledronic acid 4 mg

☐ Dose Modification*: 3.5 mg **OR** 3.3 mg **OR** 3 mg (circle one)

IV in 100 mL NS over 15 min every 6 months x _______ treatments.

* see protocol for dose modification guidelines for renal insufficiency

**RETURN APPOINTMENT ORDERS**

Return in **six** or _______ months (circle one) for doctor and treatment.

Book Daycare or chemo room (circle one) x **one** or **three** treatments (circle one)

Every treatment: **Serum Creatinine**

If clinically indicated: ☐ **Serum Calcium** ☐ **Albumin**

☐ **Other tests:**

☐ **Consults:**

☐ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

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.

BC Cancer Provincial Preprinted Order BRAJZOL5
Created: 01 Dec 2017 (as BRAJZOL)  Revised: 1 May 2019 (dose modifications added)