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: BRAVLHRHT (PO)**

<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:**

**TREATMENT:**

Start on ______________________ (date)

- **tamoxifen** 20 mg PO daily. Mitte: _______ tablets. Repeat x ____________

- **buserelin acetate**
  - 6.3 mg SC every 6 weeks x 2 treatments
  - 6.3 mg SC every 8 weeks x ___________ treatments
  - 9.45 mg SC every 12 weeks x ___________ treatments

- **OR**
  - **goserelin acetate**
    - 3.6 mg SC every 4 weeks x ___________ treatments
    - 10.8 mg SC every 12 weeks x ___________ treatments

- **OR**
  - **leuprolide acetate**
    - 7.5 mg IM every 4 weeks x ___________ treatments
    - 22.5 mg IM every 12 weeks x ___________ treatments

**RETURN APPOINTMENT ORDERS**

- Return in _______ weeks for Doctor.

**If clinically indicated:**

- Serum Calcium and Albumin
- Bilirubin
- GGT
- ALT
- LDH
- Alk Phos

- Creatinine
- CA 15-3

- Other tests:

- Consults:

- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**