## PROTOCOL CODE: BRAVTAM

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>m²</th>
</tr>
</thead>
</table>

**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 ____________.

### RETURN APPOINTMENT ORDERS

- Return in ______ weeks for Doctor.

### Three to seven days after starting treatment in patients known to have bone metastases:

- [ ] Serum Calcium
- [ ] Albumin
- [ ] Ionized Calcium

If clinically indicated:

- [ ] Calcium and Albumin
- [ ] CBC & Diff, Platelets
- [ ] Serum Cholesterol and Triglycerides
- [ ] LFT’s (please itemize) __________________________

- Other tests:

- Consults:

- See general orders sheet for additional requests.

### DOCTOR’S SIGNATURE:

### SIGNATURE:

### UC: