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: UBRAJPAM**

A BCCA “Compassionate Access Program” request form must be completed and approved prior to treatment.

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
</tr>
</thead>
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REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

<table>
<thead>
<tr>
<th>DATE:</th>
<th>To be given:</th>
<th>Cycle #:</th>
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</table>

Date of Previous Treatment:

**TREATMENT:**

- [ ] pamidronate 90 mg IV in 250 mL NS over 1 hour every 6 months x ______ treatments.

### RETURN APPOINTMENT ORDERS

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

Book Daycare 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:**  
**UC:**  
**SIGNATURE:**