

**PROTOCOL CODE: GINFOCLAR**

(Page 1 of 1)

## DOCTOR'S ORDERS

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

**DATE:**

**To be given:**

**Week #:**

### TREATMENT:

- octreotide (SANDOSTATIN LAR) 30 mg** intramuscular (deep intragluteal) injection every 4 weeks.  
Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_
- octreotide (SANDOSTATIN LAR) 20 mg** intramuscular (deep intragluteal) injection every 4 weeks.  
Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_
- octreotide (SANDOSTATIN LAR) 10 mg** intramuscular (deep intragluteal) injection every 4 weeks.  
Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

## RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ weeks for Doctor

**Ultrasound gallbladder**

**Glucose**

**CT Scan**

**Other Tests:** \_\_\_\_\_

**Consults:** \_\_\_\_\_

**See general orders sheet for additional requests.**

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**