

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: GINFOCLAR

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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 long acting 30 mg intramuscular (deep intragluteal) injection every 4 weeks. Mitte: dose Repeat x			
octreotide long acting Mitte: dose	20 mg intramuscular (deep intragluteal) Repeat x	injection every 4 weeks	3.
octreotide long acting Mitte: dose	g 10 mg intramuscular (deep intragluteal) Repeat x	injection every 4 weeks	S.
RETURN APPOINTMENT ORDERS			
Return in we	eks for Doctor		
☐ Ultrasound gallbladd	er		
☐ Glucose			
☐ CT Scan			
Other Tests:			
☐ Consults:			
☐ See general orders sheet for additional requests.			
DOCTOR'S SIGNATUR	RE:		SIGNATURE:
			uc: