

**PROTOCOL CODE: GIOCTLAR**

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**DOCTOR'S ORDERS**

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

<b>DATE:</b>	<b>To be given:</b>	<b>Week #:</b>
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**TREATMENT:**

**octreotide (SANDOSTATIN LAR) 20 mg** intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

**octreotide (SANDOSTATIN LAR) 30 mg** intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

**octreotide (SANDOSTATIN LAR) \_\_\_\_ mg** intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: \_\_\_\_\_ dose      Repeat x \_\_\_\_\_

**RETURN APPOINTMENT ORDERS**

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

**Ultrasound gallbladder** every 6 months

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

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

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

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**