

PROTOCOL CODE: UGINFOCLAR

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A BC Cancer "Compassionate Access Program" request form must be completed and approved prior to treatment

**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: