

PROTOCOL CODE: GUAVEVPEM

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DOCTOR'S ORDERS	
DATE:	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in <u>three</u> weeks for Doctor and Cycle _____, book treatment Day 1 & 8. <input type="checkbox"/> Last Cycle. Return in _____ week(s).	
<p>CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, sodium, potassium, random glucose, phosphate, TSH, LDH prior to Day 1 of each cycle CBC & Diff, random glucose prior to Day 8 of each cycle</p> <p>If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> chest X-ray <input type="checkbox"/> uric acid <input type="checkbox"/> lipase <input type="checkbox"/> HbA1c <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> serum ACTH levels <input type="checkbox"/> testosterone <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of child bearing potential <input type="checkbox"/> free T3 and free T4 <input type="checkbox"/> C-reactive protein <input type="checkbox"/> creatine kinase <input type="checkbox"/> troponin</p> <p><input type="checkbox"/> Weekly nursing assessment</p> <p><input type="checkbox"/> Other tests <input type="checkbox"/> Ophthalmologic consult <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.</p>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: