



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at [www.bccancer.bc.ca](http://www.bccancer.bc.ca) and according to acceptable standards of care.

PROTOCOL CODE: GUPLHRHA

**DOCTOR'S ORDERS**

Ht \_\_\_\_\_ cm Wt \_\_\_\_\_ kg BSA \_\_\_\_\_ m<sup>2</sup>

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

DATE:

TREATMENT:

**degarelix**  **240 mg** SC (as two injections of 120 mg) loading dose on day 1

**80 mg** SC (single injection) q **month**

Injections to be given in abdominal region. To reduce incidence of injection site reactions, withdraw needle from patient 30 seconds post injection.

Mitte \_\_\_\_\_ doses Repeat x \_\_\_\_\_

**RETURN APPOINTMENT ORDERS**

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

**Other tests:**

**Consults:**

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

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: