



Provincial Health Services Authority

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: GUPLHRH

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

TREATMENT:

goserelin acetate 3.6 mg SC q month
 10.8 mg SC q 3 months

mitte _____ doses Repeat x _____

OR

leuprolide acetate 7.5 mg IM q month
(LUPRON) 22.5 mg IM q 3 months
 30 mg IM q 4 months

mitte _____ doses Repeat x _____

OR

leuprolide acetate 7.5 mg SC q month
(ELIGARD) 22.5 mg SC q 3 months
 30 mg SC q 4 months
 45 mg SC q 6 months

mitte _____ doses Repeat x _____

OR

buserelin acetate 6.3 mg SC q 2 months
 9.45 mg SC q 3 months

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: