



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](http://www.bccancer.bc.ca) and according to acceptable standards of care

PROTOCOL CODE: GUPNSAA

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:

flutamide 250 mg PO tid

mitte \_\_\_\_\_ months Repeat x \_\_\_\_\_

OR

bicalutamide 50 mg PO daily

mitte \_\_\_\_\_ months Repeat x \_\_\_\_\_

OR

niLUTAmide 150 mg PO daily

mitte \_\_\_\_\_ months 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: