

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 and according to acceptable standards of care

## PROTOCOL CODE: GOENDAI

## DOCTOR'S ORDERS

REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	
TREATMENT:	
Anastrozole 1 mg PO daily. Mitte: tablets. Repeat x Or	
Letrozole 2.5 mg PO daily. Mitte: tablets. Repeat x Or	
<b>Exemestane</b> 25 mg PO daily. Mitte: tablets. Repeat x	
RETURN APPOINTMENT ORDERS	
Return in weeks for Doctor.	
<ul> <li>Bone Density test (recommended biannually)</li> <li>Serum Cholesterol and Triglycerides (recommended 2 months post-initiation)</li> <li>Other tests:</li> <li>Consults:</li> <li>See general orders sheet for additional requests.</li> </ul>	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: