



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GOOVTAM

Page 1 of 1

DOCTOR'S ORDERS

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

DATE:

TREATMENT:

tamoxifen 20 mg PO daily. Mitte: _____ tablets. Repeat x _____

RETURN APPOINTMENT ORDERS

Return in _____ weeks for Doctor.

- ALT, Alk Phos, bilirubin
- Calcium, albumin
- CBC with Diff, platelets
- Cholesterol, triglycerides
- Consults:
- Other tests:

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: