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: HNSAVTAM**

<table>
<thead>
<tr>
<th>DOCTOR’S ORDERS</th>
<th>Ht_________ cm  Wt_________ kg  BSA_________ m²</th>
</tr>
</thead>
<tbody>
<tr>
<td>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</td>
<td></td>
</tr>
<tr>
<td>DATE:</td>
<td></td>
</tr>
<tr>
<td>TREATMENT:</td>
<td></td>
</tr>
<tr>
<td>tamoxifen 20 mg PO daily. Mitte __________ tablets. Repeat x ____________</td>
<td></td>
</tr>
</tbody>
</table>

**RETURN APPOINTMENT ORDERS**

- [ ] Return in ______ weeks for Doctor.

Three to seven days after starting treatment in patients known to have bone metastases:
- [ ] Serum Calcium
- [ ] Albumin
- [ ] Ionized Calcium

If clinically indicated:
- [ ] Calcium and Albumin
- [ ] CBC & Diff, Platelets
- [ ] Serum Cholesterol and Triglycerides
- [ ] LFT’s (please itemize) __________________________

- [ ] Other tests:

- [ ] Consults:

- [ ] See general orders sheet for additional requests.

**DOCTOR'S SIGNATURE:**

**SIGNATURE:**

**UC:**