



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: HNSAVTAM

DOCTOR'S ORDERS		Ht _____ cm Wt _____ kg BSA _____ m ²
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		
<input type="checkbox"/> Return in _____ weeks for Doctor.		
Three to seven days after starting treatment in patients known to have bone metastases: <ul style="list-style-type: none"> <input type="checkbox"/> Serum Calcium <input type="checkbox"/> Albumin <input type="checkbox"/> Ionized Calcium If clinically indicated: <ul style="list-style-type: none"> <input type="checkbox"/> Calcium and Albumin <input type="checkbox"/> CBC & Diff, Platelets <input type="checkbox"/> Serum Cholesterol and Triglycerides <input type="checkbox"/> ALT <input type="checkbox"/> Alk Phos <input type="checkbox"/> Bilirubin <input type="checkbox"/> GGT <input type="checkbox"/> LDH <input type="checkbox"/> Other tests:		
<input type="checkbox"/> Consults:		
<input type="checkbox"/> See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	