**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht cm</th>
<th>Wt kg</th>
<th>BSA m²</th>
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</thead>
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**REMINDER:** Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form

**DATE:**

**To be given:**

**Cycle #:**

**Date of Previous Cycle:**

- □ Delay treatment ______ week(s)

Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy

Dose modification for:

- □ QTc prolongation

- □ Other Toxicity: _____________________________

Proceed with treatment based on blood work from__________________________

**TREATMENT:**

- □ induction 1
- □ induction 2
- □ consolidation 1
- □ consolidation 2
- □ consolidation 3

Indicate start date of chemotherapy cycle: Day 1 (date):____________________

- midostaurin 50 mg PO BID daily for 14 days from day 8 to 21 of each cycle.

Start Day 8 (date):___________ to Day 21 (date):___________

**RETURN APPOINTMENT ORDERS**

- □ Return for cycle _____ in 4 weeks (i.e., day 29) = __________

**ECG on days 8, 10 and 21 of each cycle**

Refer to induction and consolidation chemotherapy orders for general laboratory monitoring related to induction and consolidation chemotherapy

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**