A BC Cancer “Compassionate Access Program” request form must be completed and approved prior to treatment.

### DOCTOR’S ORDERS

<table>
<thead>
<tr>
<th>Ht</th>
<th>cm</th>
<th>Wt</th>
<th>kg</th>
<th>BSA</th>
<th>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:

**TREATMENT:**

**osimertinib 80 mg** PO once daily

Dose modification if required:

- osimertinib 40 mg PO once daily

Supply for: ________ days. Repeat x ______

### RETURN APPOINTMENT ORDERS

- Return in ______ weeks for Doctor

CBC & Diff, Platelets, Alk Phos, ALT, Bill, LDH, potassium, calcium, magnesium at each doctor’s visit

Imaging (approx. every 4-8 weeks): □ Chest X-ray or □ CT Scan (chest)

If clinically indicated:

- ECG
- creatinine
- Muga Scan or Echocardiogram

- Other tests:

- Consults:

- See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**

BC Cancer Provincial Preprinted Order ULUAVOSI

Created: 1 Oct 2018   Revised: 1 Jul 2019