**PROTOCOL CODE: LYMECHLOR**

### DOCTOR’S ORDERS

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

<table>
<thead>
<tr>
<th>Date</th>
<th>To be given</th>
<th>Cycle #</th>
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<tbody>
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Date of Previous Cycle:

- [ ] Delay treatment ___________ week(s)

Dose modification for:  
- [ ] Toxicity: ________________________________

**TREATMENT:**

**mechlorethamine** (chlormethine, LEDAGA®) **160mcg/g gel.** Apply a thin layer topically to affected area(s) once daily as directed.

- Mitte: _____ x 60 g tube
- Repeat x ___________.

### RETURN APPOINTMENT ORDERS

- [ ] Return in ___________ weeks for Doctor.

- [ ] Other tests:
- [ ] Consults:
- [ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**