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: MYZOL

**DOCTOR’S ORDERS**

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BSA</th>
</tr>
</thead>
</table>

**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>
</tr>
</thead>
</table>

Date of Previous Treatment:

- [ ] Delay treatment ______ week(s)
- [ ] Creatinine day of treatment

May proceed with doses as written if within 28 days Creatinine Clearance greater than 60 mL/min.

Dose modification for: [ ] Renal Function  [ ] Other Toxicity

Proceed with treatment based on blood work from _____________________________________________________

**TREATMENT:**

Zoledronic acid 4 mg

- [ ] Dose Modification*: 3.5 mg OR 3.3 mg OR 3 mg (circle one)
- IV in 100 mL NS over 15 min every 1 month or every 3 months (circle one) x ______ treatments.

* see protocol for dose modification guidelines for renal insufficiency

**RETURN APPOINTMENT ORDERS**

Return in one, three or ______ months (circle one) for doctor and treatment.

Book Daycare or chemo room (circle one) x one or three treatments (circle one)

Every treatment: Serum Creatinine

If clinically indicated: [ ] Serum Calcium  [ ] Albumin

[ ] Other tests:

[ ] Consults:

[ ] See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

SIGNATURE: UC:

BC Cancer Provincial Preprinted Order MYZOL

Created: 1 Jul 2018  Revised: 1 April 2020 (labs and return appointment orders modified)