



Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BCCA treatment protocols located at www.bccancer.bc.ca and according to acceptable standards of care.

PROTOCOL CODE: SMPDT (topical)

Order must be filled at the BC Cancer Agency Vancouver Centre Pharmacy.

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

TREATMENT:

Methyl aminolevulinate (METVIX™) cream for treatment on _____ (date).

Mitte: _____ Repeat: _____

OR

Aminolevulinic Acid (LEVULAN KERASTICK®) for topical solution, 20% for treatment on

_____ (date).

Mitte: _____ Repeat: _____

Other Tests: _____

Consults: _____

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: