

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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: CNOCTLAR

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DOCTOR'S ORDERS				
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:	To be given:	Week	Week #:	
TREATMENT:				
☐ octreotide long acting 20 m	g intramuscular (deep intragluteal)	injection every 4 weeks	5.	
Mitte: dose Repe	eat x			
octreotide long acting mg intramuscular (deep intragluteal) injection every 4 weeks.				
Mitte: dose Repe	eat x			
RETURN APPOINTMENT ORDERS				
Return in weeks for	Doctor			
Ultrasound gallbladder if clinically indicated				
Other Tests:				
☐ Consults:				
☐ See general orders sheet for	additional requests.			
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	