



Provincial Health Services Authority

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 #:

TREATMENT:

Octreotide (SANDOSTATIN LAR®) 20 mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat x _____

Octreotide (SANDOSTATIN LAR®) _____ mg intramuscular (deep intragluteal) injection every 4 weeks.

Mitte: _____ dose Repeat 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: