



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 and according to acceptable standards of care

PROTOCOL CODE: CNQUIN

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DOCTOR'S ORDERS		Ht _____ cm	Wt _____ kg	BSA _____ m ²
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form				
DATE:				
TREATMENT:				
quinagolide <input type="checkbox"/> 0.075 mg or <input type="checkbox"/> 0.15 mg (<i>select one</i>) or _____ mg PO daily x _____ weeks				
Repeat x _____				
RETURN APPOINTMENT ORDERS				
Return in _____ weeks for Doctor				
<input type="checkbox"/> Prolactin level <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	