



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](http://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<sup>2</sup>

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

DATE:

TREATMENT:

quinagolide 0.075 mg or 0.15 mg (circle one) or \_\_\_\_\_ mg PO daily x \_\_\_\_\_ weeks

Repeat x \_\_\_\_\_

RETURN APPOINTMENT ORDERS

Return in \_\_\_\_\_ weeks for Doctor

Prolactin level

Other tests:

Consults:

See general orders sheet for additional requests.

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: