**DOCTOR’S ORDERS**

**DATE:**

- Delay treatment _________ week(s)
- CBC & Diff, Platelets day of treatment

May proceed with doses as written if within 14 days if ANC greater than or equal to $1.0 \times 10^9$/L, Platelets greater than or equal to $50 \times 10^9$/L.

**TREATMENT:**

iMatinib 400 mg OR 300 mg OR 200 mg (circle one) PO daily

Mitte: __________ months supply

Reminder: For patients on warfarin: Clinician to inform patient’s General Practitioner to monitor INR more closely (during treatment initiation and at dose changes of iMatinib)

**RETURN APPOINTMENT ORDERS**

- Return in _________ weeks with imaging done week before:  □ Mail out
- □ CT scan abdomen and pelvis
- □ Chest X-ray (at least yearly)

□ CBC & Diff, Platelets, Alk Phos, ALT, LDH, Bilirubin, Creatinine on weeks 4 and 8 (i.e., prior to cycles 2 and 3)

□ CBC & Diff, Platelets in _________ weeks, prior to return appointment.

□ Alk Phos, ALT, LDH, Bilirubin, Creatinine in _________ weeks, prior to return appointment

□ Chest X-ray yearly

□ Other Tests: ______________________________________________________

□ Consults: ________________________________________________________

□ See general orders sheet for additional requests.

**DOCTOR’S SIGNATURE:**

**SIGNATURE:**

**UC:**