DOCTOR'S ORDER

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

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 $1 \times 10^9$/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 re: monitoring 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, AST, 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: ____________________________

BC Cancer Agency Provincial Preprinted Order SAAJGI
Created: 20 Dec 2007          Revised: 1 May 2018