



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: BRAVLET

|                                                                                                                     |  |             |             |                          |
|---------------------------------------------------------------------------------------------------------------------|--|-------------|-------------|--------------------------|
| DOCTOR'S ORDERS                                                                                                     |  | Ht _____ cm | Wt _____ kg | BSA _____ m <sup>2</sup> |
| <b>REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy &amp; Alert Form</b> |  |             |             |                          |
| DATE:                                                                                                               |  |             |             |                          |
| TREATMENT:                                                                                                          |  |             |             |                          |
| letrozole 2.5 mg PO daily. Mitte: _____ tablets. Repeat x _____.                                                    |  |             |             |                          |
| RETURN APPOINTMENT ORDERS                                                                                           |  |             |             |                          |
| <input type="checkbox"/> Return in _____ weeks for Doctor .                                                         |  |             |             |                          |
| <input type="checkbox"/> Other tests:                                                                               |  |             |             |                          |
| <input type="checkbox"/> Consults:                                                                                  |  |             |             |                          |
| <input type="checkbox"/> See general orders sheet for additional requests.                                          |  |             |             |                          |
| DOCTOR'S SIGNATURE:                                                                                                 |  |             | SIGNATURE:  |                          |
|                                                                                                                     |  |             | UC:         |                          |