

PROTOCOL CODE: GUPLHRHA

(Page 1 of 1)

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:		
<p>degarelix <input type="checkbox"/> 240 mg subcutaneous (as two injections of 120 mg) loading dose on day 1</p> <p><input type="checkbox"/> 80 mg subcutaneous (single injection) q month</p> <p>Injections to be given in abdominal region. To reduce incidence of injection site reactions, withdraw needle from patient 30 seconds post injection.</p> <p style="text-align: center;">Mitte _____ doses Repeat x _____</p>		
RETURN APPOINTMENT ORDERS		
<input type="checkbox"/> Return in _____ weeks for Doctor.		
<p>If clinically indicated: <input type="checkbox"/> PSA</p> <p><input type="checkbox"/> Other tests:</p> <p><input type="checkbox"/> Consults:</p> <p><input type="checkbox"/> See general orders sheet for additional requests.</p>		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	