



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/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: GOGCLEU

(Page 1 of 1)

DOCTOR'S ORDERS	
REMINDER: Please ensure drug allergies and previous bleomycin are documented on the Allergy & Alert Form	
DATE:	
TREATMENT:	
Choose one of the injection options below:	
leuprolide long acting (LUPRON DEPOT)	<input type="checkbox"/> 7.5 mg IM every month x _____ doses
leuprolide long acting (LUPRON DEPOT)	<input type="checkbox"/> 22.5 mg IM every 3 months x _____ doses
leuprolide long acting (LUPRON DEPOT)	<input type="checkbox"/> 30 mg IM every 4 months x _____ doses
OR	
leuprolide long acting (ELIGARD)	<input type="checkbox"/> 7.5 mg subcutaneous every month x _____ doses
leuprolide long acting (ELIGARD)	<input type="checkbox"/> 22.5 mg subcutaneous every 3 months x _____ doses
leuprolide long acting (ELIGARD)	<input type="checkbox"/> 30 mg subcutaneous every 4 months x _____ doses
leuprolide long acting (ELIGARD)	<input type="checkbox"/> 45 mg subcutaneous every 6 months x _____ doses
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in _____ months for Doctor.	
If clinically indicated: <input type="checkbox"/> CBC & Diff <input type="checkbox"/> creatinine <input type="checkbox"/> total bilirubin <input type="checkbox"/> ALT <input type="checkbox"/> LH <input type="checkbox"/> FSH <input type="checkbox"/> estradiol <input type="checkbox"/> cholesterol <input type="checkbox"/> triglycerides <input type="checkbox"/> Other tests: <input type="checkbox"/> Consults: <input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC: