



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: BRAVTEST

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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:	To be given:	Cycle #:		
Date of Previous Treatment:				
<input type="checkbox"/> Delay Treatment _____ week(s)				
<input type="checkbox"/> CBC & Diff, Platelets day of treatment				
Dose modification for: <input type="checkbox"/> Hematology <input type="checkbox"/> Other Toxicity _____				
Proceed with treatment based on blood work from _____				
TREATMENT:				
testosterone 400 mg IM every 4, 3 or 2 weeks (circle one) x _____ treatments.				
OR				
testosterone 400 mg OR 300 mg OR 200 mg (circle one) IM every 4 weeks x _____ treatments.				
RETURN APPOINTMENT ORDERS				
<input type="checkbox"/> Return in _____ weeks for Doctor.				
If clinically indicated: <input type="checkbox"/> Serum Calcium and Albumin <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Hemoglobin				
<input type="checkbox"/> Other tests:				
<input type="checkbox"/> Consults:				
<input type="checkbox"/> See general orders sheet for additional requests.				
DOCTOR'S SIGNATURE:			SIGNATURE:	
			UC:	