



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 and according to acceptable standards of care

PROTOCOL CODE: BRAJLHRHT

DOCTOR'S ORDERS

Ht _____ cm Wt _____ kg BSA _____ m²

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

DATE:

TREATMENT:

Tamoxifen 20 mg PO daily

Mitte: _____ tablets Repeat x _____

buserelin acetate ☐ **6.3 mg SC every 6 weeks x 2 treatments**

☐ **6.3 mg SC every 8 weeks x _____ treatments**

☐ **9.45 mg SC every 12 weeks x _____ treatments**

OR

goserelin acetate ☐ **3.6 mg SC every 4 weeks x _____ treatments**

☐ **10.8 mg SC every 12 weeks x _____ treatments**

OR

leuprolide acetate ☐ **7.5 mg IM every 4 weeks x _____ treatments**

☐ **22.5 mg IM every 12 weeks x _____ treatments**

RETURN APPOINTMENT ORDERS

☐ Return in _____ months.

☐ **Other tests:**

☐ **Consults:**

☐ **See general orders sheet for additional requests.**

DOCTOR'S SIGNATURE:

SIGNATURE:

UC: