

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: BRAVLHRHT (PO)

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DOCTOR'S ORDERS	BSA	_m²
REMINDER: Please ensure drug allergies and previous bleomycin are documented	on the Allergy &	Alert Form
DATE:		
TREATMENT:		
Start on (date)		
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 xtreatments		
OR		
goserelin acetate 3.6 mg SC every 4 weeks xtreatments		
☐ 10.8 mg SC every 12 weeks xtreatments		
OR		
leuprolide acetate 7.5 mg IM every 4 weeks xtreatments		
22.5 mg IM every 12 weeks xtreatments		
RETURN APPOINTMENT ORDERS		
Return in weeks for Doctor.		
If clinically indicated:		
☐ Serum Calcium and Albumin ☐ Bilirubin ☐ GGT ☐ ALT ☐ LDH ☐ Alk Phos		
☐ Creatinine ☐ CA 15-3		
☐ Other tests:		
☐ Consults:		
☐ See general orders sheet for additional requests.		
DOCTOR'S SIGNATURE:	SIGNATURE:	
	UC:	