

Patient: \_\_\_\_\_

Hospital: \_\_\_\_\_

City, State: \_\_\_\_\_

24-hour contact name and number at hospital:  
\_\_\_\_\_  
\_\_\_\_\_

**This patient has been administered LUTATHERA**

Procedure date and time: \_\_\_\_\_

Activity administered: \_\_\_\_\_



**LUTATHERA®**  
(lutetium Lu 177 dotatate)  
injection, for intravenous use

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Travel Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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