

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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LUTATHERA®
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injection, for intravenous use