

LUTATHERA treatment cards

Use these cards to keep track of important information about your LUTATHERA treatment. You can bring these with you to each of your appointments and when you travel.

Treatment Record



Patient: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
City, State: \_\_\_\_\_  
24-hour contact name and number at hospital: \_\_\_\_\_

This patient has been administered LUTATHERA

Procedure date: \_\_\_\_\_ Time: \_\_\_\_\_  
Activity administered: \_\_\_\_\_

Treatment Record



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

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8.5" x 10.5" sheet with 6 perforated cards (4.25" x 3" each)

8.5" x 10.5"

| LUTATHERA treatment cards                                                                                                                                                |                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
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| <b>Treatment Record</b>                                                                                                                                                  |  |
| Patient:                                                                                                                                                                 |                                                                                   |
| Hospital:                                                                                                                                                                |                                                                                   |
| City, State:                                                                                                                                                             |                                                                                   |
| 24-hour contact name and number at hospital:                                                                                                                             |                                                                                   |
| This patient has been administered <b>LUTATHERA</b>                                                                                                                      |                                                                                   |
| Procedure date:                                                                                                                                                          | Time:                                                                             |
| Activity administered:                                                                                                                                                   |                                                                                   |
| <b>Treatment Record</b>                                                                                                                                                  |  |
| Patient:                                                                                                                                                                 |                                                                                   |
| Hospital:                                                                                                                                                                |                                                                                   |
| City, State:                                                                                                                                                             |                                                                                   |
| 24-hour contact name and number at hospital:                                                                                                                             |                                                                                   |
| This patient has been administered <b>LUTATHERA</b>                                                                                                                      |                                                                                   |
| Procedure date:                                                                                                                                                          | Time:                                                                             |
| Activity administered:                                                                                                                                                   |                                                                                   |
| <b>Treatment Record</b>                                                                                                                                                  |  |
| Patient:                                                                                                                                                                 |                                                                                   |
| Hospital:                                                                                                                                                                |                                                                                   |
| City, State:                                                                                                                                                             |                                                                                   |
| 24-hour contact name and number at hospital:                                                                                                                             |                                                                                   |
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| Procedure date:                                                                                                                                                          | Time:                                                                             |
| Activity administered:                                                                                                                                                   |                                                                                   |
| <b>Treatment Record</b>                                                                                                                                                  |  |
| Patient:                                                                                                                                                                 |                                                                                   |
| Hospital:                                                                                                                                                                |                                                                                   |
| City, State:                                                                                                                                                             |                                                                                   |
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| This patient has been administered <b>LUTATHERA</b>                                                                                                                      |                                                                                   |
| Procedure date:                                                                                                                                                          | Time:                                                                             |
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| <b>Treatment Record</b>                                                                                                                                                  |  |
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| Procedure date:                                                                                                                                                          | Time:                                                                             |
| Activity administered:                                                                                                                                                   |                                                                                   |
| <b>Treatment Record</b>                                                                                                                                                  |  |
| Patient:                                                                                                                                                                 |                                                                                   |
| Hospital:                                                                                                                                                                |                                                                                   |
| City, State:                                                                                                                                                             |                                                                                   |
| 24-hour contact name and number at hospital:                                                                                                                             |                                                                                   |
| This patient has been administered <b>LUTATHERA</b>                                                                                                                      |                                                                                   |
| Procedure date:                                                                                                                                                          | Time:                                                                             |
| Activity administered:                                                                                                                                                   |                                                                                   |

8.5" x 10.5"

FA-11954652 LUTATHERA OTC Patient Starter Kit Treatment Cards - Print 12.23

## LUTATHERA treatment cards

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Notes:

Travel Notes:



**LUTATHERA**  
Lutetium (177 Lu) Dotatate  
Injection, for Intravenous Use

Notes:

Travel Notes:



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**LUTATHERA**  
Lutetium (177 Lu) Dotatate  
Injection, for Intravenous Use

Notes:

Travel Notes:

4.25" x 3"

|                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <h1>Treatment Record</h1> <p>Patient: _____</p> <p>Hospital: _____</p> <p>City, State: _____</p> <p>24-hour contact name and number at hospital: _____</p> <p><b>This patient has been administered LUTATHERA</b></p> <p>Procedure date: _____ Time: _____</p> <p>Activity administered: _____</p> |  <p><b>LUTATHERA</b><br/>(lutetium Lu 177 dotatate)<br/>injection, for intravenous use</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

4.25" x 3"

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

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

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