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)

Notes:		
Travel Notes:		

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East Hanover, New Jersey 07936-1080

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LUTATHERA°

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