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:		

## **U** NOVARTIS

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**LUTATHERA**°

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