



Printing Instructions

1. Populate patient and appointment information within this PDF.
2. Print, cut out card, and fold along dotted line.
3. For preprinted perforated cards, please contact your Xofigo representative.

Hospital: _____

Address: _____

Patient: _____

 **Xofigo**[®]
radium Ra 223 dichloride
INJECTION

This patient has been administered Xofigo[®]

Activity administered: _____

Procedure date: _____ Time: _____

24-hour contact name and number: _____

Discard this card after _____ (days/date) post-administration

Your lab work appointment is scheduled for:

Time: _____ on Date: ____ / ____ / ____

at Location/Address: _____

Your next injection is scheduled for:

Time: _____ on Date: ____ / ____ / ____

at Location/Address: _____

 **Xofigo**[®]
radium Ra 223 dichloride
INJECTION

Please click here for [Full Prescribing Information](#).

