


Hospital: _____	 <p>AZEDRA[®] iobenguane I 131 injection for intravenous use</p>
Address: _____	

Patient Name: _____	
<i>This patient has been administered AZEDRA[®].</i>	
Dose at Time of Discharge: _____	Date of Procedure: ____/____/____
24-hour Contact Name: _____	Contact Phone: _____
Discard this card after _____ (days/date) post administration.	