


Hospital: _____	 AZEDRA [®] iobenguane 131 injection for intravenous use
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.	