




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

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

