

# I AM RECEIVING IMMUNOTHERAPY

My name: \_\_\_\_\_

Immunotherapy: \_\_\_\_\_

**Please contact my oncologist immediately before treatment.**

## **My oncologist**

Name: \_\_\_\_\_

Phone number during office hours: \_\_\_\_\_

Phone number after office hours: \_\_\_\_\_

## IMPORTANT INFORMATION

- DO NOT give me treatment without contacting my oncologist.
- Treatment with immuno-therapy can lead to serious side effects during treatment.