

Fold



Talk to your doctor before you are given Remsima™ if you have:

1. Had treatment with Infiximab product before:

Tell your doctor if you have had treatment with Infiximab in the past.

2. Infections:

Tell your doctor straight away if you get symptoms of infection during treatment with Remsima™. Symptoms include a fever, feeling tired, (persistent) cough, shortness of breath, weight loss, night sweats, diarrhea, wounds, dental problems, burning when urinating or 'flu-like' symptoms.

Infusion Card

8 Weekly Treatment

Remsima™

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.



Fold

Remsima™ Infusion Card

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
1.	2.	3.		4.
0 week	2 week	6 week	every 8 week
Date:	Date:	Date:	after 3rd Infusion	Date:
Brand Name:	Brand Name:	Brand Name:		Brand Name:
Batch No.:	Batch No.:	Batch No.:		Batch No.:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	7.	6.		5.
every 8 week	every 8 week	every 8 week	every 8 week	every 8 week
Date:	Date:	Date:	Date:	Date:
Brand Name:	Brand Name:	Brand Name:	Brand Name:	Brand Name:
Batch No.:	Batch No.:	Batch No.:	Batch No.:	Batch No.:

* If you forget or miss an appointment to receive Remsima™, make another appointment as soon as possible. If you have any further questions on the use of this medicine, ask your doctor.

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Infusion Card

6-8 Weekly Treatment

Remsima™

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get.



Fold

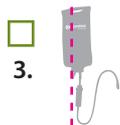
Remsima™ Infusion Card



1.



2.



3.



4.

0 week

2 week

.....

6 week

after 3rd Infusion

every **6-8**

Date:

Brand Name:

Batch No.:



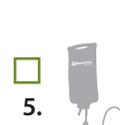
8.



7.



6.



5.

every **6-8** week

every **6-8** week

every **6-8** week

every **6-8**

Date:

Brand Name:

Batch No.:

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