

Thalidomide Celgene®
(thalidomide)
Patient Card

Patient Card for Thalidomide Celgene[®] (thalidomide)

Patient Initials:

Date of Birth:

Physician Name:

Physician Address:

Physician Phone number:

Physician to complete each section.

1. Indication:

2. Status of Patient (tick one)

• Male

• Woman of non-childbearing potential*

(*no Pregnancy Prevention Programme (PPP) monitoring required.)

• Woman of childbearing potential **

**Please also complete section 4.

3. Counselling regarding the expected human teratogenicity of Thalidomide Celgene[®] and the need to avoid pregnancy has been provided before first prescription.

Physician's signature

Date

Copy of Patient Card to be given to patient.

