

Revlimid® (lenalidomide)
Patient Card

Patient Card for Revlimid® (lenalidomide)

Patient Initials: Date of Birth:

Physician Name:
Physician Address:
Physician Phone number:

Physician to complete each section.

1. Indication:

Multiple Myeloma:

- ndMM
- After at least one prior therapy: Line of therapy.....

Myelodysplastic Syndromes with isolated del5q cytogenetic abnormality:

- Low- OR intermediate-1 risk

Other: Specify.....

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 Revlimid® 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.

