



TIME TO TALK IMMUNO-ONCOLOGY™



Bristol-Myers Squibb

REGENERON | SANOFI GENZYME

IMMUNE CHECKPOINT INHIBITORS

WALLET CARD

This wallet card will help you share information with other healthcare providers about your immunotherapy. Fill out the information requested (ask your cancer team if you need help), print out the card, and carry it in your wallet. You should show the card to members of your healthcare team who are not treating your cancer, like an emergency room staff member or your primary care provider, so they know to look out for special issues related to your immunotherapy.

HEALTHCARE PROVIDER ALERT: IMMUNOTHERAPY PATIENT	HEALTHCARE PROVIDER ALERT: IMMUNOTHERAPY PATIENT
Patient's Name: _____ Cancer Type: _____ Immunotherapy Drug: _____ _____ Start Date of Immunotherapy: _____ <i>Note: Immunotherapy agents are not chemotherapy drugs. Immune-related side effects are possible at any point in treatment. Please contact the oncology team to discuss concerns about treatment.</i>	Cancer Physician's Name: _____ Office Phone Number: _____ After-Hours Phone Number: _____ <i>Immune-related side effects may present as rash, diarrhea, cough, fatigue, headaches, cough, shortness of breath, or muscle weakness. They may occur during or after treatment. Side effects may require treatment with steroids. Please consult the oncology team before treating side effects or changing cancer-related treatment.</i>