

Please fill out information below to keep your important medical information within easy reach

Cut along solid line

<p>tivdak[™] tisotumab vedotin-tftv for injection 40 mg</p> <hr/> <p>Wallet Card</p> <hr/> <p>Keep your important medical information within easy reach</p> <p>Please see Important Facts about TIVDAK including IMPORTANT WARNING about eye problems on tivdak.com.</p>	<p>ATTENTION: Patient is being treated with Tivdak™ (tisotumab vedotin-tftv), an antibody-drug conjugate</p> <p>_____ Patient name ()</p> <p>_____ Phone #</p> <p>_____ Oncologist name () ()</p> <p>_____ Phone # After-hours phone #</p> <p>_____ Ophthalmologist name () ()</p> <p>_____ Phone # After-hours phone #</p>
<hr/> <p>tivdak[™] tisotumab vedotin-tftv for injection 40 mg</p> <hr/> <p>Carry this card to inform your care team about your important medical information</p> <hr/> <p>For more information go to tivdak.com.</p>	<p>Emergency contact name: _____ Emergency contact phone #: _____</p> <p>Use the space below to list any additional medications and/or health conditions</p> <p>_____ _____ _____ _____ _____</p>

Fold along dotted line

Please see [Important Facts](#) about Tivdak including IMPORTANT WARNING about eye problems at tivdak.com.



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