Dear Healthcare Provider,

(Patient Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is currently receiving the following immunotherapy drug(s)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to notify you that this immunotherapy treatment may increase the patient’s risk of experiencing the following immune related adverse events:

* Dermatitis
* Diarrhea/colitis
* Hepatitis
* Pneumonitis
* Nephritis
* Endocrinopathies including hyper or hypothyroidism, adrenal insufficiency or diabetes (including diabetic ketoacidosis)
* Other toxicities including: cardiac, ocular, hematological, myopathies and neurological (including paresis, Guilian-Barré and encephalitis)

**These adverse events can be life-threatening and require specific management. Coordination with the prescriber is required.**

If the patient experiences any of these symptoms or if you need more information, please contact:

Prescriber’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number (office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number (after hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_