

TheraSphere®

An Innovative Treatment for Liver Cancer

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Ottawa, Ontario
Canada K2K 1X8
Tel: 1-866-363-3330
613-592-2790

TheraSphere Credit Request Form

Please complete form and E-mail to TheraSphereCustomerSupport@mdsinc.com or
Fax to 1-800-268-5299 (North America) or 1-905-286-3635

Site Name:

Shipping Address:

Planned Treatment Date: ____/____/____ Planned Treatment Time: _____

Patient Reference Number: ____ Purchase Order No: ____

TheraSphere Dose Size: ____ GBq

Medical Reason For Non-Usage of Product

Name: ____

Date: ____//____//____

E-mail: ____

Phone: ____

Fax: ____

All sections must be completed and submitted within 30 days of intended treatment date. A confirmation will be sent within 24 hours of request receipt.