

YOUR IMLYGIC® (talimogene laherparepvec; T-VEC) ACTION PLAN

(to be filled out by a member of your oncology team)

Patient Name _____ **Date** _____
Full Name *Today's Date*

Side effects discussed _____

Key points _____

AMGEN RESOURCES: **Financial Assistance**
Amgenassistonline.com or call 1-888-4ASSIST