

MEDICAL ALERT!

I am taking **YORVIPATH[®]** (palopegteriparatide).

 My dose of YORVIPATH is _____ mcg/day.

Related Medications

Medication name	Dose

Yorvipath[®] 
palopegteriparatide
Injection 300 mcg/mL

Name: _____ Date of birth: _____

Primary healthcare provider: _____ Phone #: _____

Medical condition(s): _____

Additional medication(s): _____

Emergency contact: _____ Phone #: _____



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