

EXHIBIT D

STAT

Avera McKennan Hospital
& University Health Center
1325 S. Cliff Ave., P.O. Box 5045
Sioux Falls, SD 57117-5045
605-322-8000



PHYSORD

L 43 MK.NM
A:MK0005148985 U:MK00605587



Avera McKennan Written Directive for Therapy

Patient's Last Name _____ Patient's First Name _____ Patient's Middle Name _____ Patient's Date of Birth _____

(Mark One)

<input checked="" type="checkbox"/> Radionuclide		Dosage Form	Dose	Route of Administration
<input checked="" type="checkbox"/> I-131	Iodide- 131 Sodium Iodide	Capsule	<u>15</u> mCi	ORAL
<input type="checkbox"/> Sm-153	Samarium- 153 Lexidronam (Quadramet)	IV Solution	_____ mCi	IV
<input type="checkbox"/> Sr-89	Strontium- 89 Strontium Chloride (Metastron)	IV Solution	_____ mCi	IV
<input type="checkbox"/> Y-90	Yttrium- 90 Ibritumomab Tiuxetan (Zevalin)	IV Solution	_____ mCi	IV
<input type="checkbox"/> Lu-177	Lutetium- 177 Dotatate (Lutathera)	IV Solution	_____ mCi	IV
<input type="checkbox"/> Ra-223	Radium- 223 Radium Dichloride (Xofigo)	IV Solution	_____ uCi	IV

Calibration Date

Calibration Time

Time: 1439 Date: 12/8/20 Physician Signature: B. P. C. [Signature]

Indication: treat hyperthyroidism

Remarks: _____