



FIRMAGON[®] (degarelix) Treatment Diary

Produced by Ferring Pharmaceuticals and intended only
for patients who have been prescribed FIRMAGON[®].

How to use your FIRMAGON[®] Treatment Diary

This treatment diary is designed to help you keep track of your treatment, by keeping a record of your appointments and injections, as well as your PSA readings at each visit. It may also be useful when reviewing progress and treatment with your cancer care team.

Your diary covers 12 months of treatment, one page for each month. On each page, you can write down the date of the injection, the part of the body that was injected, your PSA level, the date of your next injection and any notes, reminders or questions for your next appointment.

If you get any side effects talk to your doctor, nurse or pharmacist. You can also report side effects via the Yellow Card Scheme. See the back cover for details of how you can do this.

Your name:

Your nurse's name:

Contact number for appointments:

Treatment Diary Month 1

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

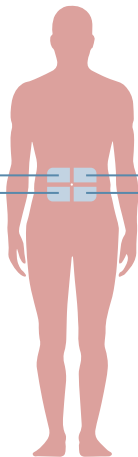
Two injections given in:

Upper left quadrant

Upper right quadrant

Lower left quadrant

Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 2

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

One injection given in:

Upper left quadrant



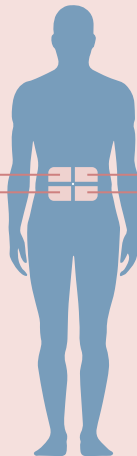
Upper right quadrant



Lower left quadrant



Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 3

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

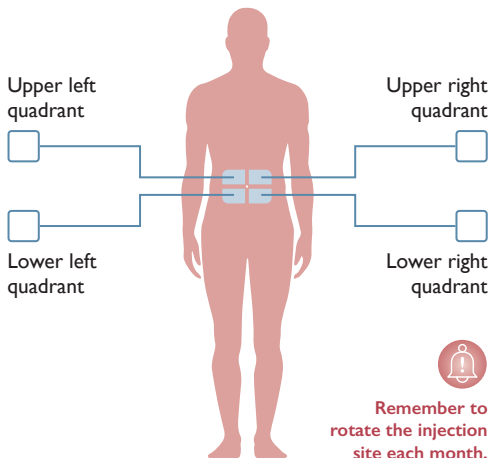
Injection Date

/ /

Injection Time

:

One injection given in:



Treatment Diary Month 4

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

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:

Month

Injection Date

/ /

Injection Time

:

One injection given in:

Upper left quadrant



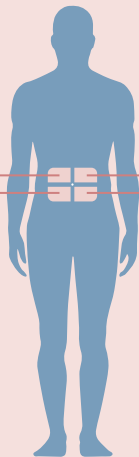
Upper right quadrant



Lower left quadrant



Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 5

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

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Month

Injection Date

/ /

Injection Time

:

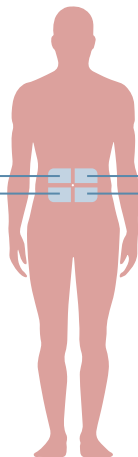
One injection given in:

Upper left quadrant

Upper right quadrant

Lower left quadrant

Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 6

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

One injection given in:

Upper left quadrant



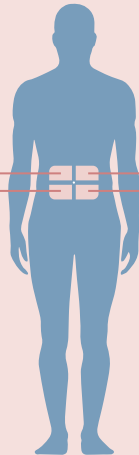
Upper right quadrant



Lower left quadrant



Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 7

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

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:

Month

Injection Date

/ /

Injection Time

:

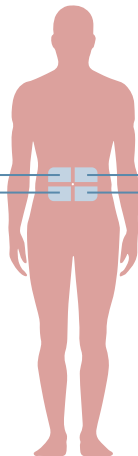
One injection given in:

Upper left quadrant

Upper right quadrant

Lower left quadrant

Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 8

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

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Month

Injection Date

/ /

Injection Time

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One injection given in:

Upper left quadrant



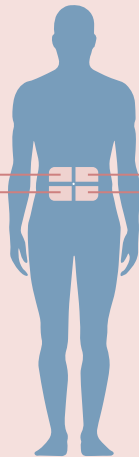
Upper right quadrant



Lower left quadrant



Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 9

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

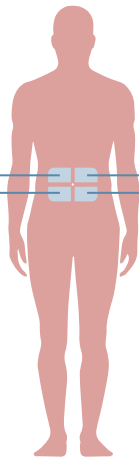
One injection given in:

Upper left quadrant

Upper right quadrant

Lower left quadrant

Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 10

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

One injection given in:

Upper left quadrant



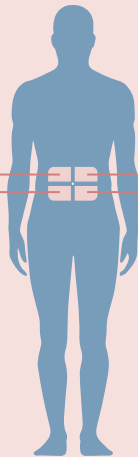
Upper right quadrant



Lower left quadrant



Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 11



Ask for your new treatment diary.

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

One injection given in:

Upper left quadrant



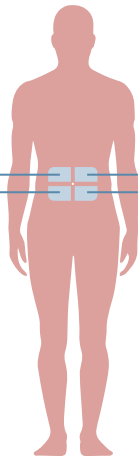
Upper right quadrant



Lower left quadrant



Lower right quadrant



Remember to rotate the injection site each month.

Treatment Diary Month 12



Have you got your new treatment diary?

PSA reading: _____ ng/mL

Your nurse or doctor will let you know how often your PSA will be measured.

The name of the doctor/nurse who gave the injection is:

Notes:

My next appointment is on:

/ /

:

Month

Injection Date

/ /

Injection Time

:

One injection given in:

Upper left quadrant



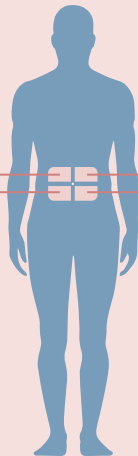
Upper right quadrant



Lower left quadrant

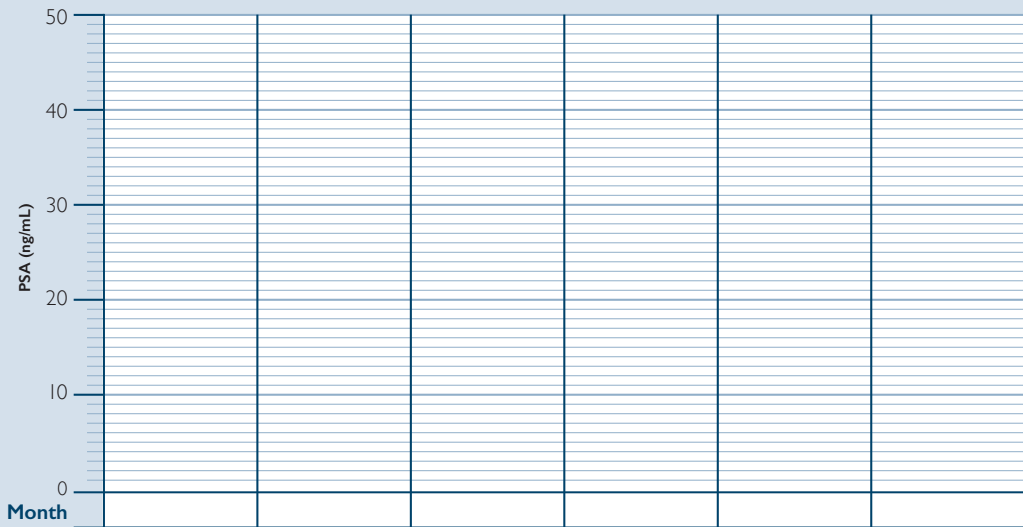


Lower right quadrant



Remember to rotate the injection site each month.

Track your PSA levels on this chart



Here is a log to record your monthly PSA values. Please fill out the month of your injection in the bottom row.

Notes

A large white rounded rectangle with horizontal blue lines, serving as a note-taking area. The rectangle is positioned in the center of the page and has a soft drop shadow. It contains 12 horizontal lines, providing space for writing notes.

Reporting side effects

If you get any side effects talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in the package leaflet. You can report side effects via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard or search MHRA Yellow Card in the Google Play or Apple App Store.

By reporting side effects, you can help provide more information on the safety of this medicine.