

YOUR TAFINLAR[®] (dabrafenib)/MEKINIST[®] (trametinib) 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 _____

NOVARTIS RESOURCES:

- Novartis Patient Assistance Program (financial and other support)
1-800-282-7630
- www.us.tafinlarmekinist.com/advanced-melanoma