



HOW TO USE THIS FORM

- Complete all required fields
 - Print the form
 - Obtain physician signature on page 1
 - Fax it to 888-354-4856
- Upon receiving the form, American Regent® will assess patient eligibility for product support programs and conduct a benefits verification, if requested.

PLEASE SEND THIS FORM TO:

American Regent
 AR Assist Patient Assistance
 PO Box 500227
 San Diego, CA 92150
 Phone: 877-448-4766 \ Fax: 888-354-4856

AR Assist Patient Assistance



877-448-4766

Program staff are available Monday through Friday, between 8 am and 7 pm ET.

PROVIDER INFORMATION

Facility/Practice Name: _____ Physician Name: _____

Office Contact: _____ Phone: _____ Fax: _____

Shipping Address (where you prefer your replacement product to be sent): _____

City: _____ State: _____ Zip: _____ *The AR Assist Patient Assistance Program ships replacement product to the provider.*

PATIENT INFORMATION

Patient Name: _____ Case Number: _____ Date of Birth: _____

Address (No PO Boxes Please): _____ City: _____ State: _____ Zip: _____

PRODUCT UTILIZATION

____ Venofer® (iron sucrose injection, USP)

Lot number: _____	Dates of Administration: _____	Total Dose (mgs) Administered: _____	Total Number of Vials used: _____
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I have administered Venofer, as indicated above, for the above patient to treat iron deficiency anemia. My patient has consented to my providing you this information. Neither the patient nor any third party was charged for Venofer administered to this patient and for which replacement product is being requested. In addition, I represent that the information contained in this form is complete and accurate to the best of my knowledge and agree to notify the Program of any changes I become aware of which could affect the eligibility of this patient.

Physician Signature: _____ Date: _____

American Regent, Inc. reserves the right to modify or discontinue this program with respect to any patient, or in its entirety, at any time. American Regent also reserves the right to make an independent determination of financial need in all cases.

