

# Prolia® Patient Support Program Enrollment Fax Form

To sign up your doctor's office to receive reminders about your treatment, ask your doctor to fill out the top portion of this form.

Physician \_\_\_\_\_

Office Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Fax \_\_\_\_\_ Phone \_\_\_\_\_ NPI # \_\_\_\_\_



**Sign Up Today** and we will send you important information about your condition, reminders to help you stay on track with your treatment and more. Please fill out all the fields.

\*Shaded fields are required.

<b>Please provide the date of your Prolia® injection:</b> (mm/dd/yyyy) _____	
<b>Please complete the following address information:</b>	
Name* _____	
Address* _____	
City* _____	State* _____ ZIP* _____
E-mail _____	
Phone (to receive reminder calls) _____	<input type="checkbox"/> Check box if it is the same as cell phone
Cell Phone _____	Check box for time zone: <input type="checkbox"/> PST <input type="checkbox"/> MST <input type="checkbox"/> CST <input type="checkbox"/> EST
Check box to indicate preferred method of communication: <input type="checkbox"/> Live calls <input type="checkbox"/> SMS/text <input type="checkbox"/> Automated calls	Send reminders in the following language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese
Date of Birth (mm/dd/yyyy) _____	Gender _____
<b>Please be sure to sign and fax:</b>	
Name of Patient _____	
Name of Caregiver and relationship to patient _____	
Patient or Caregiver, please read the Authorization below and sign here:* _____ Date _____	
(*We cannot send information without signature.)	

**Check here if you only wish for your doctor to receive reminders.**

**Fax Completed Form to: (866) 452-3356**

## Authorization

I authorize Amgen and its contractors and business partners ("Amgen") to use and/or disclose my personal information, including my personal health information, only for the following purposes:

- To operate, administer, enroll me in, and/or continue my participation in the Prolia® Patient Support Program and related activities (welcome kit, postcards, tips to manage your condition);
- **To provide me with informational and marketing materials relating to Prolia® products and services, and/or my condition or treatment; and/or**
- To improve, develop, and evaluate products, services, materials and programs related to my condition or treatment.

I understand that the operation and administration of certain of these services and/or programs may require that Amgen contact me by mail, e-mail, telephone or SMS/text. I understand and consent to Amgen contacting me using the contact information provided in this form to enroll me in, operate, and administer Amgen patient support services and/or programs as described above other than promotional and injection reminder communications by telephone or SMS/text (which I can separately opt-in on the right).

I further understand that the Prolia® Patient Support Program and additional informational and marketing communications related to my condition and treatment are optional and free services. I do not have to sign this authorization and this authorization in no way affects my right to obtain any medications.

To obtain a copy of this authorization or opt-out at any time, I can contact Amgen by calling 800-917-1622 or by writing to PO Box 781046, Indianapolis, IN 46278. The Amgen Privacy Statement can be found at [www.Prolia.com](http://www.Prolia.com).

By signing this form above, I agree to enroll in the Prolia® Patient Support Program, and to receive informational and marketing communications from Amgen. If you do not want your information used for the purposes described above, you can opt-out anytime.

**Check here to receive phone and text reminders**  
In addition to the above consent, I understand that by checking this box, I am also enrolling into the Prolia® Patient Support injection reminder program and consenting to Amgen calling and texting me at the phone number(s) I have provided with injection reminder communications relating to my condition or treatment with Prolia®. Amgen may use automatic dialing machines or artificial or prerecorded messages to contact me and may leave a voicemail or SMS/text message (standard text messaging rates may apply). I understand that I am not required to provide this consent as a condition of purchasing any goods or services.

If you are under the age of 18, you are not eligible to participate, and we ask you not to submit any personal information to us.