IV IRON
PATIENT ASSISTANCE PROGRAM
PRODUCT REQUEST FORM

Submit To:
Injectafer Patient Assistance Program
PO Box 220342
Charlotte, NC 28222
Phone: 877-4-IV-IRON (877-448-4766)
Fax: 888-354-4856

Date Submitted:

Instructions:
Please complete this product request and send it to the address or fax number listed above. To receive replacement product, providers should submit this form at the end of each month. Complete one form for each patient enrolled in the IV Iron Patient Assistance Program. This form **must** be signed by a physician.

Provider Information

Physician Name:

Address (no PO boxes please):

Contact Person (other than physician):

City:

State: Select

Zip Code:

Facility/Practice Name:

Daytime Phone:

Fax:

The IV Iron Patient Assistance Program ships replacement product to the provider.

Patient Information

Patient's Name:

Address (no PO boxes please):

Case Number:

City:

State: Select

Zip Code:

Social Security Number:

Daytime Phone:

Evening Phone:

Sex:

Date of Birth:

Primary Diagnosis:

Secondary Diagnosis:

Is this patient currently receiving dialysis treatment? ○ Yes ○ No

Product Utilization

☐ **INJECTAFER®**
(ferric carboxymaltose injection)

Lot Number:

Dates of Administration:

Dosages Per Day:

Specify Total Number of Vials Used:

I have administered Injectafer®, 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 Injectafer® provided to this patient and for which replacement product is 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's Original Signature
(stamps not accepted)

Date

Daiichi Sankyo, Inc. a parent company of American Regent, Inc. (AR) reserves the right to modify or discontinue this program with respect to any patient, or in its entirety, at any time. Daiichi Sankyo, Inc. a parent company of American Regent Inc. (AR) also reserves the right to make an independent determination of medical indigence in all cases.

Office use only

Date

Case #

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