VenAccess® Patient Assistance Program

PRODUCT REQUEST FORM

HOW TO USE THIS FORM

- Complete all required fields
- Print the form
- Obtain physician and patient signatures on page 1
- Fax it to 888-354-4856

Upon receiving the form, American Regent® will be able to assess patient eligibility for product support programs and conduct a benefits verification, if requested.

PLEASE SEND THIS FORM TO:

American Regent
VenAccess Patient Assistance Program
c/o IV Iron Hotline
PO Box 220342
Charlotte, NC 28222
Phone: 877-448-4766 \\ Fax: 888-354-4856

VenAccess Patient Assistance Program

877-4-IV-IRON (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 VenAccess 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: Dose Administered: Total Number of Vials Used:

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I have adminstered 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.