

Coloplast® Care Program

Enroll your patient in the program in one of the following ways:

Fax: 1-855-676-2594

Email: care-us@coloplast.com

Click here to email this form

Patient Enrollment Form

Patients enrolled in Coloplast® Care receive:

- A Care team of advisors available by phone
- · Access to free samples
- · News, tips and inspiration that is customized to fit their situation delivered directly to their email
- · Access to a dedicated website with reliable advice

Patient Information

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FIRST Nume.		Last Name		
Address:				
City:		State:	Zip Code: _	
Email†:			Phone:	
†By providing an email addre	ess the patient consents to t	he receipt of persono	alized support thro	ough Coloplast® Care Online.
Sample Request Check all products that apply for samp Intermittent catheters	oling: Product item number(s)	Style	French size	Dispensing Information
SpeediCath® Standard SpeediCath® Compact SpeediCath® Flex Coudé SpeediCath® Compact Set Self-Cath®		Male Straight Tip Male Coudé Tip Female Pediatric (10")		Rx effective date:/ months Ouration of need: months (1-99 months, 99=Lifetime)
Self-Cath® Closed System SureCath® Set Other				
Clinician Name‡:	e [‡] : Facility Name:			
Clinician Signature:				
My signature acknowledges that I hav	∕e read the Coloplast® Care Prograi	m Description and Terms o	f Enrollment to the pati	ent and the patient consented.

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Coloplast® Care Program Description and Terms of Enrollment: Coloplast® Care is a patient support program designed to provide support for patients who use intermittent catheters in two distinct phases. Phase I relates to individualized engagement support. In Phase II intermittent catheter users are provided with on-going online and email support for living well in the community - for as long as enrolled individuals desire to receive that educational information from Coloplast.

Coloplast® Care Phase I incorporates active engagement with a dedicated Coloplast® Care Advisor, including direct phone support with information and guidance about intermittent catheters, proper use of Coloplast products, support locating a product supplier, as well as information regarding product reimbursement.

The transition into Phase II occurs when each individual has become more independent and confident with his or her product and daily routines. Phase II is designed to provide ongoing relevant information and support via email contact for each stage in the intermittent catheter journey. Personalized emails contain Coloplast® Care website links to articles, advice, inspirational stories, and answers to lifestyle questions that may be of interest.

By enrolling in Coloplast® Care independently or through your healthcare provider, I agree that Coloplast may contact me by phone (including my cell phone if that is the number I provided), text message (sms), e-mail, hard copy letter, or other means of communication but only for the purposes referred to above. I also give Coloplast my permission to interact with my healthcare provider or product supplier in connection with the support I receive through Coloplast® Care.

I understand that I can unsubscribe at any time if I do not want to receive communication from Coloplast related to my participation in the Coloplast® Care program any longer. I understand that to unsubscribe, I may call Coloplast at 1-888-726-7872 or I may unsubscribe at any time by clicking the unsubscribe option of any email I receive through the Coloplast® Care program.

