

# Coloplast® Care Program

## Patient Enrollment Form

Fax form to: 1-800-501-8533

Additional ways to enroll your patients in the program:

Email: care-us@coloplast.com

Website: www.coloplastcareenroll.com

Call: 1-877-858-2656

✉ Click here to email this form

### 1. Patient Information

First Name\*:                      Last Name\*:

Address\*:                      Apt#:

City\*:                      State\*:   Zip Code\*:

Phone\*:           Email:

† By providing an email address the patient consents to the receipt of personalized support through Coloplast® Care Online.

Date of Birth:   /   /     Language:  English  Spanish  Other: \_\_\_\_\_

Preferred Supplier (optional) \_\_\_\_\_

Primary Insurance Provider \_\_\_\_\_ Secondary Insurance Provider \_\_\_\_\_

2. Date of Surgery:   /   /    Type of Surgery:  Colostomy  Ileostomy  Urostomy Stoma size: \_\_\_\_\_ inches-mm

What product was worn at the time of patient discharge?  Coloplast  Hollister  ConvaTec  Other \_\_\_\_\_

### 3. Sample Request

Check product options below or write in Coloplast product numbers: \_\_\_\_\_

#### Adult Pouching Systems

##### SenSura® Mio

- Flat
- Soft Convex
- Convex Light
- Deep Convex
- Convex Flip

##### SenSura® (standard)

- Flat
- Convex Light

##### SenSura Xpro (extended)

- Flat
- Convex Light

##### 1-Piece or 2-Piece

- 1-Piece
- 2-Piece Click
- 2-Piece Flex

##### Cut Style

- Cut-to-fit
- Pre-cut

##### Pouch Color

- Opaque
- Transparent

##### Pouch Closure

- Closed
- Drainable
- Urostomy
- High Output

##### Filter

- Yes
- No

#### Pediatric Pouching Systems

##### Age (Older than 4? Refer to adult section)

- Neonate (<6 months)
- Toddler/Child (up to 4 years)

##### 1-Piece or 2-Piece

- 1-Piece
- 2-Piece Flex

##### Pouch Closure

- Drainable
- Urostomy

##### Pouch Color

- Opaque
- Transparent

#### Accessories

- Belt  XL Belt
- Elastic Barrier Strip
- Y-shape
- Curved
- Straight
- XL
- Adhesive Remover Wipes
- Lubricating Deodorant
- Protective Seal
- Regular
- Wide
- Extra-Wide
- Paste (alcohol-free)
- Strip Paste
- Powder
- Prep Wipes
- Skin Barrier Wipes

Living Well DVD

Educational materials only

#### Other Notes

4. Clinician Name<sup>††</sup>:

Facility Name\*:

Facility Address:

City:                      State:   Zip Code:

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

†† I acknowledge that I have read the Coloplast® Care Program Description and Terms of Enrollment to the patient and the patient consented.

\*Indicates required field.

**Coloplast® Care Program Description and Terms of Enrollment:** Coloplast® Care is a free patient support program designed to support patients with intimate healthcare needs. The program includes individualized engagement support which may include a welcome kit, and on-going phone, online and/or email support. Topics discussed include information for living well in the community for as long as enrolled patients desire to receive that educational information from Coloplast. Coloplast® Care includes active engagement with a dedicated Coloplast® Care Advisor, including direct phone support with information and guidance about proper use of Coloplast products or these categories of products (Ostomy pouches and supporting products, Continence catheters, and Bowel Management). Patients do not need to use Coloplast products to receive support. Education also includes support in locating a product supplier, general reimbursement information, product types, proper use and troubleshooting, as well as on-going self-assessments. 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 my healthcare provider, I agree that Coloplast may collect, use, transfer, and process personal and health related information about me to process sample requests, conduct research and data analytics, perform other administrative tasks or to comply with applicable law, and to 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 link at the bottom of any email I receive through the Coloplast® Care program.