

Coloplast Care Program - Patient Enrollment Form

Additional ways to enroll your patients in the program:

Call: 1-855-863-3912 • Website: www.ColoplastCareConnect.us

Email: Care-US@coloplast.com • Fax: 1-800-501-8533

Click here to email this form

We recommend encrypting email and form if sending via email.

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.

Type of surgery*: ☐ Colostomy ☐ Ileostomy ☐ Urostomy Stoma size: _____ inches-mm
(Determines educational material in Care Kit)

2. Additional patient information

Date of birth: / /

If under 18, parent/guardian name: _____

If the patient is under age 11, pediatric resources for parents are sent. If 11-21, teen resources are included.

Date of surgery: / /

Preferred supplier: _____ ☐ No preference (Coloplast's affiliated DME supply service)

Primary insurance provider: _____ Secondary insurance provider: _____

Patient will transfer to: _____ City: _____
Home health agency or next facility name

What product was worn at the time of patient discharge? ☐ Coloplast ☐ Hollister ☐ Convatec ☐ Other: _____

Provide additional education materials:

- ☐ Ileostomy dehydration prevention
- ☐ Hernia prevention
- ☐ TSA travel card
- ☐ Intimacy
- ☐ Pouch change diary/skin health
- ☐ Core4 Recovery exercises

Language:

☐ English ☐ Spanish ☐ Other: _____

3. Sample[†] request

Check product options below or write in Coloplast product numbers: _____

Adult pouching systems

Barrier shape

- ☐ Soft Convex
(not available with 2-piece click)
- ☐ Light Convex
- ☐ Deep Convex
(not available with 2-piece flex)
- ☐ Convex Flip
- ☐ Flat

1-Piece or 2-Piece

- ☐ 2-piece Click
- ☐ 2-piece Flex
- ☐ 1-piece

Pouch closure

- ☐ Closed
- ☐ Drainable
- ☐ High output
- ☐ Urostomy

Pouch color choice:

- ☐ Black(not available in urostomy or 1-piece convex flip yet)
- ☐ Gray
- ☐ Transparent

Note other preferences here: _____

Pediatric pouching systems

Baby (<6 months)

- ☐ Baby 2-piece

Children (up to 4 years)

- ☐ 2-piece Flex drainable
- ☐ 2-piece Flex urostomy
- ☐ 1-piece drainable
- ☐ 1-piece urostomy

Supporting products

Protective seal

- ☐ Flat/Thin
- ☐ Flat/Thick
- ☐ Convex

Elastic barrier strips

- ☐ XL
- ☐ Curved
- ☐ Y-shape

Adhesive remover wipes

- ☐ Belt ☐ XL belt
- ☐ Lubricating deodorant
- ☐ Powder
- ☐ Skin barrier wipes

☐ Educational materials only

4. Clinician name*:

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 (found on the back of this page) to the patient and the patient consented.

*Indicates required field.

[†]Limitations apply.

Flip page for Coloplast Care Program Description and Terms of Enrollment

Coloplast was founded on passion, ambition, and commitment. We were born from a nurse's wish to help her sister and the skills of an engineer.

Guided by empathy, our mission is to make life easier for people with intimate healthcare needs. Over decades, we have helped millions of people live more independent lives and continue to do so through innovative products and services.

Globally, our business areas include Ostomy Care, Continence Care, Bowel Care, Voice & Respiratory Care, Wound & Tissue Repair, and Interventional Urology.

Coloplast Care Program Description and Terms of Enrollment: Coloplast Care is a free product and lifestyle educational program designed to support patients with intimate healthcare needs. The program includes individualized product and lifestyle support which may include a welcome kit, and on-going phone, online and/or email support. Coloplast Care includes 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 of products, as well as on-going self-assessments. Coloplast will honor any supplier designation by clinician or patient, but if none is specified, Care will refer the patient to Coloplast's DME supplier affiliate. Personalized emails contain Coloplast Care website links to articles, advice, inspirational stories, and answers to lifestyle questions that may be of interest.

When you enroll in Coloplast Care, Coloplast will use your information to provide you with education and support, product and lifestyle information, and helpful tips about living with your condition. If you request samples from us, we'll use your information to send, track and deliver your items. We may also call you to check you've received your order and answer any questions you may have about your order. We may let you know about Coloplast and its affiliated companies' current and future products and services, share inspirational stories from other customers, tell you about upcoming events. We may contact you by phone (including your cell phone if that is the number you provide), text message, e-mail, and mail. We also use the information you share with us to help us understand our customers, their medical conditions, and their needs when treating them. We also use your information to conduct research and data analytics. This helps us to improve our products and services and to develop new ones. We will only process this data on an aggregated level. If you provide photos, we may use these for the above purposes. We may also share your information with legitimate third parties if it is required to fulfill your request. For example, we share information with the health care provider who referred you to us, or to medical equipment companies from whom you can order supplies. We may share your information with Coloplast's affiliated companies, who may reach out regarding related products and services. Under very rare circumstances, we might be legally obligated to share your data with public authorities. We do not sell data to third parties. By enrolling in Coloplast Care, independently or through your health care provider, you agree that Coloplast may collect, use, transfer, and process your information for the purposes listed above. You also give Coloplast permission to interact with your health care provider or product supplier. You may withdraw your consent at any time, or unsubscribe from communications from Coloplast related to your participation in the Coloplast Care program.