endo ADVANTAGE™ Committed to Access

# Patient Assistance Program Product Request Form

For physician use only. Do not post online or allow patients to complete this form.

## PHYSICIAN INFORMATION

Physician Name

Physician Specialty

Practice Name

Practice Address (no P.O. boxes)

City State Zip

DEA

Endo Advantage™ ID #

Contact Person

Contact Phone # Fax #

Contact Email

## SHIPPING INFORMATION (if different from above)

Practice Name

Practice Address (no P.O. boxes)

City State Zip

Contact Person

Contact Phone # Fax #

Contact Email

## PATIENT INFORMATION

Case #

First Name Last Name MI

Address

City State Zip

Daytime Phone # Alternate Phone #

Email

DOB

## SHIPMENT REQUEST

I have prescribed XIAFLEX® (collagenase clostridium histolyticum) for the above patient because I deem it medically necessary. My patient provided written authorization for me to provide this information. I understand that no third party or patient should be charged for XIAFLEX® provided by this program. I understand that product received as a part of this program may not be sold or distributed for sale, and that such sale or distribution is prohibited by law.

Physician Signature _____ Date

Anticipated initial injection date

Diagnosis: ICD-10:

## Rx INFORMATION

In New York, please attach all prescriptions on official New York prescription forms.

XIAFLEX® (collagenase clostridium histolyticum) 0.9 mg Single-use Vial

Dispense 2 vials Refill _____ times NDC# 66887-003-01

Request syringes for reconstitution and administration, Qty 4 (1 mL hubless syringe, 0.01 mL graduations, permanently fixed, 27-gauge 1/2" needle) ☐ Yes ☐ No

I appoint Endo Advantage™ as my agent to convey this prescription to the pharmacy.

_____ **Date**

**Prescriber Signature Required (no stamps)**

XIAFLEX® collagenase clostridium histolyticum

**PLEASE FAX THIS COMPLETED FORM TO:**
1-800-939-3348

**CALL US:**
**Phone:** 1-800-743-2382

Please see the accompanying full Prescribing Information, including Boxed Warning and Medication Guide.

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**Rx Only**

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**XP-03539(2)/December 2015** www.xiaflex.com 1-800-462-ENDO (3636)