

Pertzye[®] Care Program



Co-Pay Assistance \$ **0** out of pocket co-pay expense

Freedom Pharmacy accepts E-scribe.
Freedom Pharmacy
3901 E. Colonial Dr., Orlando, FL 32803

Pertzye[®] (pancrelipase) Delayed-Release Capsules

Containing Bicarbonate-Buffered Enteric-Coated Microspheres

Digestive Care, Inc. gives you two options to start your patients on Pertzye[®].

OPTION 1 allows you to send samples directly to your patient.

OPTION 2 provides 20 free capsules plus a prescription for Pertzye[®] at \$0 out-of-pocket co-pay expense, including deductibles.



Please **FILL OUT**
the form on the
reverse side.



FAX completed
form to
Freedom Pharmacy
at 866-482-6158.

or



E-SCRIBE to
Freedom Pharmacy
3901 E. Colonial Dr.,
Orlando, FL 32803



Delayed-Release Capsules Containing Bicarbonate-Buffered Enteric-Coated Microspheres

Date: ___ - ___ - ___
Month Day Year

Pertzye® Care Program

Please check one option:

OPTION 1 20 Free Capsules of Pertzye® sent directly to patient

Select dosage Pertzye® 8,000 or Pertzye® 16,000

OPTION 2 20 Free Capsules of Pertzye® **plus a prescription for Pertzye®** (See Sig: below)

Select dosage Pertzye® 8,000 or Pertzye® 16,000 Quantity of capsules _____

Sig: _____

Physician Signature: _____ Number of Refills: _____

Physician Information:

Physician Name: _____ Specialty: _____

DEA # _____

Clinic Name: _____ Phone: _____

Clinic Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

Patient Information:

Patient Name: _____ Phone: _____ Date of Birth: _____

Patient Street Address: _____ (do not use P.O. Box Number)

City: _____ State: _____ Zip: _____

Allergies: _____ Diagnosis: _____

Patient Insurance Information for PRESCRIPTION

(For your convenience, a Freedom Pharmacy Customer Service Representative can contact patient to collect insurance information.)

Insurance Plan Name: _____

ID #: _____ Group #: _____

RX Bin #: _____ RX PCN #: _____

Insurance Plan Phone: _____

Name of Person Insured: _____

Fax this Pertzye® Care Program form to Freedom Pharmacy at: **Fax 866-482-6158** or send via **E-scribe**



1120 Win Drive
Bethlehem, PA 18017-7059
Voice: 1-877-882-5950
www.pertzye.com

Voice: 407-898-8922
Toll Free: 800-741-4427
3901 E. Colonial Dr.
Orlando, FL 32803



www.ourfreedompharmacy.com