

☐ New Enrolment ☐ Renewal

Fax the completed form to 1-888-987-2201

Patient Information (patient to complete)

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Last Name _____

Given Name _____

Date of Birth (dd/mm/yyyy) ____/____/____

Contact Information (circle preferred number)

Home

☐ Message OK?

Best Time to Call _____

Work

☐ Message OK?

Best Time to Call _____

Cell

☐ Message OK?

Best Time to Call _____

Preferred Language _____

Address _____

City _____

Province _____ Postal Code _____

Consent

We respect your right to privacy. Adjuvant₂ (a division of World Travel Protection Canada Inc.) is the administrator of the Enliven Program ("Program"). The personal information you provide to Adjuvant₂, including your personal health information, such as name, contact information, and prescription information, will be used to provide you with the Program services, including reimbursement assistance, administering, training or assisting in therapy (e.g. self-injection training), and to allow Adjuvant₂ to conduct confidential surveys, from time to time, about the Program.

For these sole purposes, Adjuvant₂ may disclose your personal information on a confidential basis to: (i) Amgen Canada Inc. ("Amgen") and Pfizer Canada Inc. ("Pfizer"), the distributors of ENBREL (etanercept), to facilitate delivery of the Program services; and/or (ii) authorized agents and service providers. Please note that these service providers (e.g. information technology providers) and Amgen/Pfizer may store or process your data outside of Canada and may therefore be subject to additional local legislation. Other jurisdictions may have laws and regulations that require the disclosure of personal information to governmental authorities under different circumstances than would Canada. In addition, your personal information may be disclosed to Amgen/Pfizer or other third parties when permitted or required by applicable laws, court orders or government regulations (collectively, "Applicable Laws").

Adjuvant₂ and Amgen/Pfizer will retain your personal information only for the time required to fulfil the purposes for which it was collected and in order to comply with Applicable Laws. Adjuvant₂ and Amgen/Pfizer use industry standard safeguards to protect the security of the personal information that we collect. You may contact Adjuvant₂'s Privacy Officer at 1-877-936-2735 at any time to update or access your personal information, modify or withdraw your consent (in part or in full), express a privacy-related concern, or inquire about our privacy practices for the Program. Please note that if you modify or withdraw your consent, Adjuvant₂'s ability to deliver the Program services to you may be limited.

CONSENT: By signing this form, I acknowledge that I have read and understand the above information and consent to the collection, use and disclosure of my personal information, including personal health information, by Adjuvant₂, Amgen/Pfizer and their authorized agents and service providers, as explained above. I further consent to being contacted from time to time by Adjuvant₂, Amgen/Pfizer or their authorized agents for the above-noted purposes.

Patient Signature _____

Date _____

Patient Name _____

Physician Information

Physician Name _____

Site # (if applicable) _____

Phone _____

Fax _____

STAMP

Other information/office stamp

Prescription Information

ENBREL® Format ☐ SureClick® Autoinjector ☐ Prefilled syringe
☐ Lyophilized vial

Recommended Dose of ENBREL

Dosing for adult plaque psoriasis

Starting ☐ 50 mg twice weekly (administered 3-4 days apart) x 3 months

Maintenance ☐ 50 mg once weekly ☐ Other _____

Dosing for adult rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis

☐ 50 mg once weekly ☐ Other _____

Dosing for juvenile idiopathic arthritis (ages 4 to 17)

☐ 0.8 mg/kg per week (up to 63 kg [138 pounds]) to a maximum of 50 mg per week, or

☐ 50 mg once weekly ☐ Other _____

Optional Injection Training (physician to complete)

Requesting an Enliven® nurse to train this patient on self-injection

☐ Yes ☐ No

Location ☐ Patient's Home

☐ Office/Clinic

☐ Address same as above

☐ Address/Specific Requirements for Injection Training:

Is the patient on beta-blockers*? ☐ Yes ☐ No

Please specify any allergies* _____

Physician Signature _____ Date _____

* Information requirement for nursing service only.

Enliven will fax an injection training follow-up report to your office.

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To self-enrol in Enliven,
call 1.877.9ENBREL (1.877.936.2735)
or visit enbrel.ca

