



*Required Field

Direct Delivery Service Patient Enrollment Form

1A. Patient Information - To Be Completed by Patient

*Patient Name (Last, First):			
*Date of Birth:	*Weight (lbs):	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Address (Cannot be a PO Box):		*City:	*State: *Zip:
*Cell Phone:	Home Phone:	Other Phone:	
*Email Address:		If Minor, Parent/Caregiver/Guardian Name (Last, First):	
*Primary Insurance Provider (If Applicable):		*Primary Insurance Phone:	
*Policyholder Name:		*Relationship to Patient:	
*Member ID:	*Group ID:	*Rx BIN:	*PCN:

1B. Opt-In for Information and Text Updates

Check the appropriate boxes and sign below.

Yes, I am at least 18 years old and I allow ASPN Pharmacies and its partners (ASPN) to contact me about health and product related information and services, as well as offers regarding products, like AUVI-Q.

Yes, and I allow ASPN to text me updates about my AUVI-Q prescription and refill reminders. Standard message and data rates may apply. To opt out, call (844) 357-3968.

Patient's Signature*	Date of Signature
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2. Prescriber Information - To Be Completed by Prescriber

*Prescriber Name (Last, First):			
*Prescriber's Primary Specialty: <input type="checkbox"/> Allergy <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other _____	*NPI:	DEA:	
*Prescriber Address:	*City:	*State:	*Zip:
*Office Contact Name (Last, First):	*Office Contact Phone:	*Office Contact Email:	

3. Prescription Information - To Be Completed by Prescriber

<p>Rx Drug: AUVI-Q® (epinephrine injection, USP) <input type="checkbox"/> 0.1 mg <input type="checkbox"/> 0.15 mg <input type="checkbox"/> 0.3 mg</p> <p>Dispense as Written: <input type="checkbox"/> Yes ICD Diagnosis Code: _____</p> <p>Quantity: <input type="checkbox"/> 1 Carton (2 auto-injectors and 1 trainer) <input type="checkbox"/> 2 Cartons (4 auto-injectors and 2 trainers) <input type="checkbox"/> Other: _____</p> <p>Refills: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Other: _____</p> <p>Locations for EAI: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Other: _____</p> <p>Sig (Directions): Inject AUVI-Q intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. Each device is a single-use injection. PRN for severe allergic reactions, including anaphylaxis, as directed.</p> <p>Additional/alternate injection instructions (administration, biphasic reaction, etc.):</p>	<p>Clinical Information: History of, or at risk for, severe allergic reaction to: <input type="checkbox"/> Food <input type="checkbox"/> Insect Venom <input type="checkbox"/> Medications <input type="checkbox"/> Idiopathic <input type="checkbox"/> Other:</p> <p>Other medications tried and failed (Medication Name, Start Date, Duration, etc.):</p>
Comments:	
*Prescriber's Signature	*Date of Signature

4. PRESCRIBER TO FAX COMPLETED FORM TO (877) 397-7479

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Indication

AUVI-Q® (epinephrine injection, USP) is a prescription medicine used to treat life-threatening allergic reactions, including anaphylaxis, in people who are at risk for or have a history of serious allergic reactions.

Important Safety Information

AUVI-Q is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after using AUVI-Q. Each AUVI-Q contains a single dose of epinephrine. **AUVI-Q should only be injected into your outer thigh, through clothing if necessary.** If you inject a young child or infant with AUVI-Q, hold their leg firmly in place before and during the injection to prevent injuries. Do not inject AUVI-Q into any other part of your body, such as into veins, buttocks, fingers, toes, hands, or feet. If this occurs, seek immediate medical treatment and make sure to inform the healthcare provider of the location of the accidental injection. Only a healthcare provider should give additional doses of epinephrine if more than two doses are necessary for a single allergic emergency.

Rarely, patients who use AUVI-Q may develop infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have any of the following symptoms at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have more or longer lasting side effects when you use AUVI-Q. Be sure to tell your healthcare provider about all the medicines you take, especially medicines for asthma. Also tell your healthcare provider about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, heart problems or high blood pressure, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

Common side effects include fast, irregular or 'pounding' heartbeat, sweating, shakiness, headache, paleness, feelings of over excitement, nervousness, or anxiety, weakness, dizziness, nausea and vomiting, or breathing problems. These side effects usually go away quickly, especially if you rest. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

Please see the full Prescribing Information and Patient Information at www.auvi-q.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.