

EPI-ASSIST NOMINATION FORM

Completion of all fields is mandatory.

Your name	
Hospital	
Physical Address (for courier delivery of EpiPen®) <i>NB: Please see note below*</i>	
NZMC Registration Number	
Email address	
Contact Phone Number	
Patient's Initials	
Patient's Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Patient's Date of Birth	
Applicable Product	EpiPen® Adult <input type="checkbox"/> EpiPen® Junior <input type="checkbox"/>
It is my professional opinion that this patient is at risk of anaphylaxis and is currently in a situation of financial hardship.	Signed: _____ Date: _____

Email to: info@mylan.co.nz

** As EpiPen® is a restricted medicine (Pharmacist Only) we are unable to send an EpiPen® direct to your patient. If your patient is unable to collect their EpiPen® from your premises, the EpiPen® can be sent to your patient's local pharmacy/medical centre for them to collect there – please liaise with the pharmacy/medical centre to confirm that they would be happy for this to happen, then supply us with a contact name, pharmacy/medical centre name and physical street address.*

Any personal information provided will remain confidential and not be disclosed to third parties. You have the right to inspect, change or delete this information. Mylan NZ Ltd will confirm your nomination by email and supply one free EpiPen® Adrenaline Auto Injector directly to you. It is your responsibility to communicate with and pass on the free product to your patient. There is a limit of one EpiPen® Auto Injector per patient under the Epi-Assist Programme. Mylan reserves the right to adjust or withdraw this offer without prior notice. TAPS DA2001FR-007