

# CONTINUING CARE REMINDER

If you are a patient who has been prescribed PERSERIS® (risperidone) and referred to a continuing care provider/facility and/or a pharmacy to receive a next injection, or a caregiver of that patient, please contact the provider(s) indicated on the reverse side of this card **at least one week prior to your next injection due date** to coordinate an appointment, if one has not already been scheduled.

inSupport 

Phone: 844-INSPPRT (844-467-7778)

NEXT INJECTION DUE DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Continuing Care Provider/Facility Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_

## Pharmacy or Alternate Injection Provider Information

Please contact the location below if you have not yet identified a treatment provider and/or you need to arrange for a PERSERIS (risperidone) injection by your next injection due date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_