CONTINUING CARE REMINDER CARD



Patients referred to a new provider, facility, and/or pharmacy to receive your next injection:

Contact the provider(s) indicated on this card **as soon as possible** to arrange an appointment for PERSERIS® (risperidone)



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Note: Patients maintaining their current treatment provider may use this card as an appointment reminder.



NEXT INJECTION DUE DATE:	
nuing Care Provider/Facility Information	

Continuing Care Provider/Facility Information		
Name:		
Address:		
Phone: A	ppointment Date/Time:	
Pharmacy or Alternate Injection Provider Information		
Contact the location below if you need to arrange for your next PERSERIS (risperidone) injection.		
Name:		
Address:		
Phone: A	ppointment Date/Time:	