

PERSERIS™ (risperidone) PATIENT INJECTION NETWORK (PIN) INTAKE FORM

This form may be used by a Health Care Provider to refer a patient directly to a PIN location. Please fax the completed form to the fax number listed on the PIN Locator (found at www.insupport.com) for the chosen location.

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Sex: M F

Phone: _____ Cell Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Caregiver Name: _____ Phone: _____

INSUPPORT™ Copay Assistance Program Member ID Number: _____

CLINICAL INFORMATION (PLEASE FAX ALL PERTINENT CLINICAL AND LAB INFORMATION)

ICD-10 Diagnosis Code: _____ Diagnosis: _____

Allergies (please note reaction): _____ Latex

Current Medications: (list here or attach a medication list): _____

Comorbidities: (list here or attach a list): _____

INSURANCE INFORMATION FAX COPY OF PATIENT'S INSURANCE CARD - BOTH SIDES

Primary Insurance Name: _____

Beneficiary/Cardholder Name: _____ Policy ID# _____ Phone: _____

Secondary Insurance Name: _____

Beneficiary/Cardholder Name: _____ Policy ID# _____ Phone: _____

PRESCRIPTION INFORMATION

MEDICATION	DIRECTIONS	QUANTITY	REFILLS
PERSERIS 90 mg			
PERSERIS 120 mg			

Treatment History for PERSERIS: New to Therapy Continuation of Therapy Date of Last Administration: _____

DO NOT ADMINISTER MORE THAN ONE DOSE (90 MG OR 120 MG) PER MONTH

PRESCRIBER INFORMATION

Prescriber Name: _____ State License #: _____

Practice/Facility Name: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Contact Person Name: _____

Group or Hospital: _____ Phone: _____

Fax: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Prescriber Signature: **PLEASE SIGN AND DATE ONLY ONE LINE BELOW**

Product Substitution Permitted _____ Date _____ Dispensed as Written _____ Date _____

PRESCRIBERS ARE RESPONSIBLE TO COMPLY WITH STATE-SPECIFIC PRESCRIPTION REQUIREMENTS

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS
Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. PERSERIS™ is not approved for the treatment of patients with dementia-related psychosis and has not been studied in this population.

See accompanying Full Prescribing Information, including **BOXED WARNING** or visit PERSERIS.com.

