vyepti®
(eptinezumab-jjmr)
100 mg/mL Injection for IV

This form is to be completed for practices or outpatient infusion locations that are not using VYEPTI CONNECT® but still require Field Access Specialist (FAS) assistance

Attestation of Patient Authorization

By signing below, I attest that I will not disclose to Lundbeck or its agents (collectively, "Lundbeck") any protected health information of any patient without such patient's individual authorization, where required by applicable law, to provide such protected health information to Lundbeck for its use in providing patients with patient support services – specifically, the services provided by Lundbeck's field access specialists.

Practice/Site Name: _____

Practice/Site Address: _____

City: _____ State: _____ ZIP: _____

Additional practice/site address: _____

Practice/Site of Administration Contact Name and Title: _____

Contact Phone Number: _____

Contact Email Address: _____

X _____

Signature of Contact | Contact Name (print) | Date

Please return this form ONLY to a Lundbeck FAS via hard copy, scan and fax, or email.
DO NOT RETURN TO ANY INDIVIDUAL BESIDES YOUR DESIGNATED FAS REPRESENTATIVE.
This form will be stored in Lundbeck's records. To view Lundbeck's privacy policy, please visit www.lundbeck.com/global/privacy-policy-and-disclaimer.

For downloadable PDF version, please visit vyeptihcp.com/vyepti-resources.

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