

Harmony Patient Support Program

Office Use Only

Patient Referral – BRENZYS® (etanercept) Injection Training

Patient ID

Step 1: PRESCRIBING DOCTOR details			
First name:		Last name:	
Clinic address:			
State:	Postcode:	Phone: ()	Fax:
Email:		Provider number:	

Step 2: PATIENT details			
First name:		Last name:	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth:	Email address:	
Mailing address:			
State:	Postcode:	Phone: ()	Mobile:
Patient's emergency contact. Name:		Phone: ()	
Relevant Patient Medical History/Indication: <input type="checkbox"/> RA <input type="checkbox"/> AS <input type="checkbox"/> PsA <input type="checkbox"/> PSO <input type="checkbox"/> Other (please state)			

Step 3: MEDICATION ORDER			
Medication: BRENZYS® (etanercept)		RECORD OF BRENZYS® ADMINISTRATION (Lifescreeen Use Only)	
Route: Subcutaneous		Date:	Time:
Dose: 50mg	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Other	Injection administered by: <input type="checkbox"/> Patient <input type="checkbox"/> Carer <input type="checkbox"/> Nurse	
Special Instructions:	Nurse Name:	Nurse Signature:	
<input type="checkbox"/> I hereby request administration of/ supervision of the administration of BRENZYS® to the above patient under the MSD Harmony Patient Support Program. Following my clinical assessment and examination, I confirm that the patient has no known contraindication to the administration of BRENZYS® as per the drug's product information. I understand that in the rare case that a patient displays an acute reaction in the presence of a nurse, during or after administration of BRENZYS®, the nurse may administer emergency medication in accordance with best practice. I have explained to my patient that the MSD Harmony Patient Support Program is provided by Merck Sharp & Dohme (Australia) Pty Limited ("MSD"), MSD Macquarie Park has appointed Lifescreeen Australia Pty Ltd ("Lifescreeen") to administer the Program and . they will be contacted by Lifescreeen to arrange an appointment for injection training and they have provided their consent to this. I have also advised the patient that they will be required to sign a formal consent at their appointment.			
Prescribing Dr. name:	Prescribing Dr. signature:	Date of order:	

PRIVACY STATEMENT

Lifescreeen Australia Pty Ltd (ABN 66 010 372 004) ("Lifescreeen", "we", "us" or "our") collects personal information about you in order to complete a referral and administer treatment with BRENZYS to patients referred to Lifescreeen by you, and for purposes otherwise set out in our Privacy Policy at www.lifescreeen.com.au. If you do not provide this information, we may not be able to provide this service to you. This information may be disclosed to third parties that help us deliver our services (including information technology suppliers, communication suppliers and our business partners) or as required by law. The Privacy Policy explains how we will collect, use, store and disclose your personal information, and the way in which you can access and seek correction of your personal information or complain about a breach of the Privacy Act. To obtain further information you can contact us on 1800 686 000. Information on the Lifescreeen Privacy Policy is available at www.lifescreeen.com.au/media/72956/lifescreeen_privacy_policy.pdf.

Step 4: PLEASE SEND COMPLETED FORM TO LIFESCREEN	
 EMAIL: msdharmony@lifescreeen.com.au	 PHONE: 1800 151 516
 FAX: 02 8030 3999	

