

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 (Sonic Nurse Connect 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 has appointed Sonic Nurse Connect to administer the Program and they will be contacted by Sonic Nurse Connect 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.			
<input type="checkbox"/> I do NOT wish to receive a report once my patients in-home nurse visits have been completed.			
Prescribing Dr. name:		Prescribing Dr. signature:	Date of order:

PRIVACY STATEMENT

Sonic Nurse Connect Australia Pty. Ltd. ("Sonic Nurse Connect", "we", "us" or "our") will collect, record and use your personal information for the purposes of providing services to you as part of the MSD Harmony patient support program, on behalf of Merck Sharp & Dohme (Australia) Pty Limited ("MSD"). By supplying your contact details, you also consent for us to contact you for follow-up information if a safety report is identified. Please note that we are required by law to report certain adverse events to Regulatory Authorities (including the Therapeutic Goods Administration). If you choose not to provide us with your personal information, we may not be able to fulfill these purposes. We will keep your personal information securely in accordance with the current Australian Privacy Principles contained within the Australian Privacy Act (1988). If you would like to know more about our privacy policy, including how to access and seek correction of the personal information we hold about you, how to complain about a breach of the Australian Privacy Principles, and how we handle such complaints, please review our privacy policy available on our website at www.snc.com.au or contact our Privacy Officer at Sonic Nurse Connect, 14 Giffnock Avenue, Macquarie Park NSW 2113 Australia, by phoning us on 1800 687 726 or emailing us at privacy@snc.com.au

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

