Pertzye®
(pancrelipase)
Delayed-Release Capsules

Containing Bicarbonate-Buffered Enteric-Coated Microspheres

Co-Pay Assistance

$0 out of pocket co-pay expense

Freedom Pharmacy accepts E-scribe.
Freedom Pharmacy
3901 E. Colonial Dr., Orlando, FL 32803

FIRST START Program℠

Digestive Care, Inc. gives you two options to start your patients on Pertzye®.

OPTION 1 allows you to send samples directly to your patient.
OPTION 2 provides 20 free capsules plus a prescription for Pertzye® at $0 out-of-pocket co-pay expense, including deductibles.

Digestive Care, Inc.
1120 Win Drive
Bethlehem, PA 18017-7059
Voice: 1-877-882-5950
www.digestivecare.com

Please fill out the form on the reverse side.

Fax completed form to Freedom Pharmacy at **866-482-6158**.
or
E-scribe to Freedom Pharmacy
3901 E. Colonial Dr., Orlando, FL 32803

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Pertzye®
(pancrelipase)
Delayed-Release Capsules Containing Bicarbonate-Buffered Enteric-Coated Microspheres

Date: __ - __ - ____
Month Day Year

FIRST START Program℠

Please check one option:

☐ **OPTION 1** 20 Free Capsules of Pertzye® sent directly to patient
Select dosage ☐ **Pertzye® 8,000** **or** ☐ **Pertzye® 16,000**

☐ **OPTION 2** 20 Free Capsules of Pertzye® **plus a prescription for Pertzye®** (See Sig: below)
Select dosage ☐ **Pertzye® 8,000** **or** ☐ **Pertzye® 16,000** Quantity of capsules _____

Sig:

Physician Signature: _____ **Number of Refills:** _____

Physician Information:

Physician Name: Specialty:

DEA #

Clinic Name: Phone:

Clinic Address: Fax:

City: State: Zip:

Patient Information:

Patient Name: Phone: Date of Birth:

Patient Street Address: (do not use P.O. Box Number)

City: State: Zip:

Allergies: Diagnosis:

Patient Insurance Information for **PRESCRIPTION**

(For your convenience, a Freedom Pharmacy Customer Service Representative can contact patient to collect insurance information.)

Insurance Plan Name:

ID #: Group #:

RX Bin #: RX PCN #:

Insurance Plan Phone:

Name of Person Insured:

Fax this **FIRST START** form to Freedom Pharmacy at: **Fax 866-482-6158 or send via E-scribe**

DCI Digestive Care, Inc.
1120 Win Drive
Bethlehem, PA 18017-7059
Voice: 1-877-882-5950
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Freedom Pharmacy & Wellness Center

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