



# Patient Outreach Kit Order Form



Pfizer Helpful Answers® has developed this Patient Outreach Kit for health care providers so that they can assist patients looking for more information on Pfizer's patient assistance programs and other industry-wide initiatives.

The kit includes information on the following Pfizer Helpful Answers patient assistance programs:



Connection to Care® is a program that helps patients who qualify get Pfizer medicines for free through the doctor's office.



Pfizer Pfriends® is a program that helps eligible patients without prescription coverage get savings on Pfizer medicines, regardless of their age or income, through participating pharmacies.

The materials in this kit include:

- **Briefing Sheet:** Provides a detailed overview of both programs, including eligibility requirements and the process to enroll patients
- **Enrollment Folder With Guide:** Contains applications for both programs, as well as a step-by-step guide on how your patients can enroll in each program
- **Take-One Display:** Includes information cards on Pfizer Helpful Answers for patients to take home. Place in the waiting room for easy patient access
- **Tear Pad:** Provides information about Pfizer Helpful Answers for patients to take home
- **PPA Brochure:** Provides information on the Partnership for Prescription Assistance, an industry-wide single point of access that provides information on more than 475 public and private patient assistance programs, including Pfizer Helpful Answers programs

We hope you will use these materials to help spread the word about the help that is available for patients without prescription coverage.

Each organization can order **1** Patient Outreach Kit.

To place an order for the Patient Outreach Kit, please complete the order form below. **This form should then be faxed to the fax number listed below.** Orders will be processed in the order in which they were received.

How did you hear of PHA?  Online banner  Sales representative  Print advertisement  Search engine  Other \_\_\_\_\_

By checking this, I agree that Pfizer or companies acting on its behalf may send me materials about Pfizer Helpful Answers programs and use my information to develop or improve services.

## Where should the materials be sent?

NAME AND TITLE

ORGANIZATION

STREET ADDRESS

CITY . STATE . ZIP

TELEPHONE

E-MAIL ADDRESS

Organizations will receive their kit in 7-10 business days.

**Fax this form to 800-785-9445**