

Infant Starter ProgramSM

Containing Bicarbonate-Buffered Enteric-Coated Microspheres

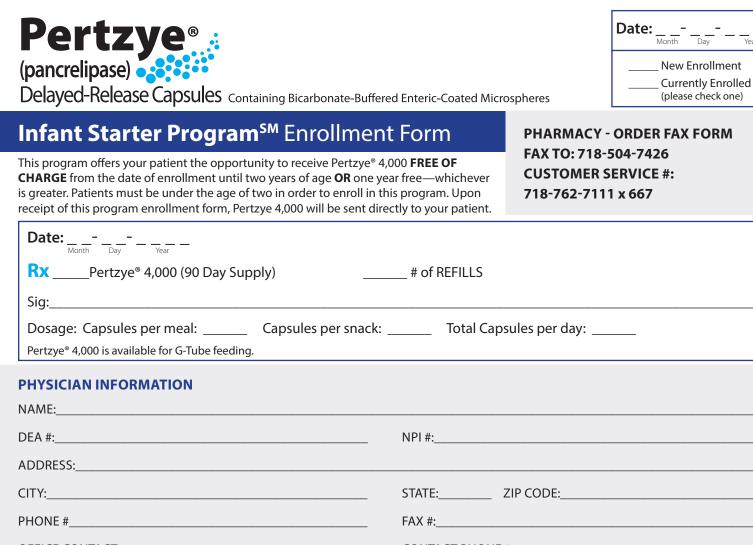
The Infant Starter ProgramSM offers your patients the opportunity to receive Pertzye[®] 4,000 **FREE OF CHARGE** from the date of enrollment until two years of age **OR** one year free—whichever is greater. Patients must be under the age of two in order to enroll in this program.

It's easy to enroll in this program. Complete the program enrollment form on the reverse side.

This program is offered on equal terms available to the general public, regardless of health insurance status, and is not tied to the provision of any other item or service reimbursed in whole or in part by a program under federal Title XVIII or a state health care program.



1120 Win Drive, Bethlehem, PA 18017-7059 Voice: 1-877-882-5950 | Fax: 610-882-0349 | www.pertzye.com ©2023 Digestive Care, Inc. Printed in USA 23018 | 05/2023



OFFICE CONTACT:	CONTACT PHONE #:
PHYSICIAN EMAIL:	
PATIENT INFORMATION	
NAME:	DATE OF BIRTH:
CELL PHONE #:	ALTERNATE #:
ADDRESS (NO PO BOX):	APT/SUITE:
CITY:	STATE: ZIP CODE:
EMAIL ADDRESS:	ANY KNOWN ALLERGIES:

I hereby authorize Total Care Rx to enroll the above-named patient in the Pertzye® Infant Starter ProgramSM, sponsored by Digestive Care, Inc. (DCI). I understand that enrollment in this program enables the patient to receive FREE Pertzye® 4,000 product from the date of enrollment until two years of age or one year free—whichever is greater. Patients must be under the age of two in order to enroll in the Pertzye® Infant Starter ProgramSM. Pertzye® 4,000 will be provided by Total Care Rx. I understand that Total Care Rx may use the health information I provide for internal educational and/or marketing purposes and will only disclose certain health information to DCI as required by law to report any adverse drug events. Both Total Care Rx and DCI will maintain the confidentiality of patient information. Contact Total Care Rx at 1-866-868-2579 for questions. DCI reserves the right to withdraw or cancel this offer at any time without notice. I understand the Pertzye® Infant Starter ProgramSM is subject to the availability of products and does not constitute an entitlement.

Minor's Parent/Guardian/Guarantor Name (please print):______

Parent/Guardian/Guarantor Signature:



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PLEASE NOTE: PHARMACY LAW REQUIRES FAXED PRESCRIPTIONS TO BE SENT FROM A PRESCRIBER'S OFFICE ONLY. NO PRESCRIPTIONS FAXED BY PATIENTS WILL BE ACCEPTED



Year

Voice: 718-762-7111 Toll Free: 866-868-2579 223-10 Union Turnpike Oakland Gardens, NY 11364 www.TotalCareRx.com