

VERIFICATION OF BASELINE TEST COMPLETION

Fax to 1-833-727-7702

If this form is not submitted, the ZEPOSIA 360 Support™ program will call you and/or your office for verbal confirmation of baseline test completion.

INSTRUCTIONS FOR HEALTHCARE PROVIDER AND/OR AUTHORIZED REPRESENTATIVE

This form is used by the ZEPOSIA 360 Support clinical partners to verify that this patient's baseline tests have been reviewed by their prescriber and that they are able to **start therapy**, which will be shipped directly to their address of choice (as indicated on the Start Form).

Please follow these two steps:

- 1. Complete form with healthcare provider or authorized representative's signature**
- 2. Fax it to 1-833-727-7702**

 **All fields below must be completed.**


PATIENT INFORMATION

 First name _____ Middle initial _____  Last name _____

 Date of birth (MM/DD/YYYY) ____/____/____

PRESCRIBER INFORMATION

 First name _____  Last name _____  Facility name _____

 Phone number (____) _____

HEALTHCARE PROVIDER'S AUTHORIZATION

By signing below, I confirm that, based on the review of the baseline tests by myself or the patient's prescriber, the patient identified above has successfully completed all of the baseline tests required for ZEPOSIA shipped directly to their address of choice (as indicated on the Start Form).

 **Signature**  _____ **Date (MM/DD/YYYY)** ____/____/____

Prescriber

Authorized representative

Authorized representative information:

Full name _____ Title _____

ZEPOSIA 360 SUPPORT™ FAX: 1-833-727-7702 | PHONE: 1-833-ZEPOSIA (833-937-6742)

Please see full [Prescribing Information](#) and [Medication Guide](#).