vyepti®
(eptinezumab-jjmr)
100 mg/mL Injection for IV

This form is to be completed for practices or outpatient infusion centers that are not using VYEPTI CONNECT® but still require Field Reimbursement Specialist (FRS) assistance

Healthcare Provider Attestation of Patient Authorization

By signing below, I attest that I will not disclose to Lundbeck or its agents (collectively, "Lundbeck") any protected health information of any patient without such patient's individual authorization, where required by applicable law, to provide such protected health information to Lundbeck for its use in providing the patient with patient support services – specifically, the services provided by Lundbeck's field reimbursement professionals.

Site of Administration Name: _____

Site of Administration Address: _____

City: _____ State: _____ ZIP: _____

Site of Administration Contact Name and Title: _____

Contact Phone Number: _____

Contact Email Address: _____

X _____

Signature of Contact | Contact Name (print) | Date

Please return this form to a Lundbeck FRS via hard copy or scan and email to the FRS.
This form will be stored in Lundbeck's records. To view Lundbeck's privacy policy, please visit www.lundbeck.com/global/privacy-policy-and-disclaimer.

Please note: For your convenience, a sample patient authorization is available at www.vyepticonnect.com/resources.

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