



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

## Healthcare Provider Attestation of Consent on File

By completing this form, you represent that your patients agree to the disclosure of their protected health information to Lundbeck and its agents for Lundbeck’s patient support services—specifically the services provided by field reimbursement professionals communicating with your office—as part of the patients’ treatment with VYEPTI™ (eptinezumab-jjmr) and that you have obtained appropriate patient authorization for such disclosure and use, as required under applicable law.

Site of Administration Name: \_\_\_\_\_


Site of Administration Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Site of Administration Contact Name and Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

 <b>X</b> _____		
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](http://www.lundbeck.com/global/privacy-policy-and-disclaimer).

Please note: For your convenience, a sample patient authorization is available at [www.vyepticonnect.com/resources](http://www.vyepticonnect.com/resources). Some states (such as California) may require patient authorization to be submitted with this form. Providers in other states may keep the signed patient authorization on file at their office and do not need to submit to Lundbeck.

