



# Nityr<sup>®</sup> nitisinone Tablets

Phone: 1-800-847-8714  
Fax this form: 1-800-842-5163  
www.nityr.us



## 21-DAY FREE NITYR<sup>®</sup> PROGRAM

The 21-day Free NITYR<sup>®</sup> Program is subject to terms and conditions, eligibility criteria and applicable state and federal laws. Eligible patients can try NITYR<sup>®</sup> Tablets for 21 days for free as long as their doctor prescribes it. For full terms and conditions please visit [nityr.us/offertcs](http://nityr.us/offertcs). Complete the form below to help your patients get started on treatment. All fields are required unless noted as optional.

This form is also available electronically at: [www.nityr.us](http://www.nityr.us)

### PATIENT INFORMATION & SHIPPING INFORMATION – Please fill out completely

Patient's Full Name (First, Middle initial and Last name):

Date of Birth:

Sex: Female Male Language: English Spanish Other:

Parent/Guardian name (if applicable):

Relationship:

Patient's Address:

Suite/Floor/Apt #: City: State: Zip:

Cell Phone: Home Phone/Other: E-mail:

### INSURANCE INFORMATION - check one box and fax copies of all insurance cards (front and back)

ACTIVE INSURANCE PATIENT HAS NO INSURANCE COVERAGE

#### PRIMARY INSURANCE

#### SECONDARY INSURANCE (optional)

Primary Insurance Name:

Secondary Insurance Name:

Insurance Phone Number:

Insurance Phone Number:

Subscriber:

Subscriber:

Relationship to Patient:

Relationship to Patient:

Member ID: Group ID:

Member ID: Group ID:

Employer:

Employer:

### MEDICAL INFORMATION AND TREATMENT HISTORY – Please fill out completely and fax all pertinent clinical and lab information

PRIMARY DIAGNOSIS: Diagnosis Code (ICD-10):

Patient is currently on a tyrosine and phenylalanine restricted diet? Yes No - If no, provide reason:

Liver transplanted: Yes No - If yes, provide transplant date:

Comorbidities:

List the names of other medications the patient is taking:

Patient Allergies? NKDA Known If known please list:

**Confidentiality Statement:** This facsimile is intended only for the individual or entity to which it is addressed. It may contain information which may be proprietary and confidential. It may also contain privileged, confidential information which is exempt from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA). If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this information (other than to the intended recipient) or copying this information. If you received this communication in error, please notify the sender immediately and call 1.800.847.8714 to obtain instructions as to the proper destruction of the transmitted material.

