



# AUTOTOUCH CONNECT™ DIRECT

Reusable Autoinjector Prescription Order Form\*

Fax this Order Form to 1-833-300-5405



Receiving Pharmacy	Name: <b>KnipperRx</b>	Address: <b>1250 Patrol Road, Charlestown, IN 47111</b>	Phone: 855-392-3895	Fax: 833-300-5405
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This prescription is valid only if transmitted by means of a facsimile machine.

\*This is not a prescription for the Enbrel Mini® single-dose prefilled cartridge. This form is a prescription for the AUTOTOUCH CONNECT™ reusable autoinjector, a constituent component of the combination product Enbrel Mini® single-dose prefilled cartridge with AUTOTOUCH CONNECT™.

Order Information	Item: AutoTouch Connect™ reusable autoinjector	Qty: 1	Refills: 0	Dispense as Written: N/A <small>(no generic alternative is available for the AutoTouch Connect™ reusable autoinjector)</small>
	Directions: Use this autoinjector with the Enbrel Mini® cartridge			

Prescriber Information Please Type or Print	Prescriber First Name: Please Print		Prescriber Last Name: Please Print	
	State License Number:		NPI #:	
	License Classification (if applicable):			
	Address:		Suite / Unit:	
	City:	State:	ZIP Code:	
	Phone Number:	Fax Number:	Office Contact: Transmitting Personnel: <small>(if different from Office Contact)</small>	

**AutoTouch Connect™ reusable autoinjector to be delivered to the following patient:**

To allow the patient to receive status updates of their shipment, please provide the patient's mobile number and email.

Patient Information and Authorization	Patient First Name: Please Print		Patient Last Name: Please Print	
	Date of Birth:	Mobile Phone: <small>(Required)</small>	Alternate Phone: <small>(Optional)</small>	
	Address: <small>(We do not deliver to P.O. boxes.)</small>		Suite / Unit:	
	City:	State:	ZIP Code:	
	Email: <small>(Optional)</small>			
	The AutoTouch Connect™ reusable autoinjector is the device constituent part of a prescription combination product (Enbrel Mini® single-dose prefilled cartridge with AutoTouch Connect™ reusable autoinjector). The AutoTouch Connect™ reusable autoinjector is intended for patients with a valid Enbrel Mini® cartridge prescription only. By signing below, I acknowledge that I have written a separate valid Enbrel Mini® cartridge prescription for the patient that this AutoTouch Connect™ reusable autoinjector device is intended to be used with and that my office will train this patient on the proper use of the Enbrel Mini® cartridge with AutoTouch Connect™ reusable autoinjector. I acknowledge that there is no additional cost to me or the patient for the AutoTouch Connect™ reusable autoinjector, and I certify and agree that I will not seek reimbursement for the AutoTouch Connect™ reusable autoinjector from the patient or any third party (including payors such as Medicare or Medicaid), nor will I sell, trade or otherwise divert any AutoTouch Connect™ reusable autoinjector.			
	_____ Prescriber Signature (Required)			Date: ____ / ____ / ____
_____ Supervising/Delegating Physician Name and Signature (if applicable)			Date: ____ / ____ / ____	

**You must make the clinical decision to prescribe the Enbrel Mini® single-dose prefilled cartridge for your appropriate patient prior to submitting this Prescription Order Form.**

**For more information, please click for [Prescribing Information and Medication Guide](#).**

This facsimile transmission is intended only for the recipient to which it was addressed and contains information that is confidential; the recipient is prohibited from distributing or disseminating the information contained in the transmission unless otherwise permitted by federal or other law; if the recipient is not the intended recipient or the authorized agent of the intended recipient, the recipient should immediately notify the sender by telephone and return the original message to the sender.