



AutoTouch® Direct Reusable Autoinjector Order Form*

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

*This is not a prescription for the ENBREL Mini® single-dose prefilled cartridge. This form is for the AutoTouch® reusable autoinjector, a constituent component of the combination product ENBREL Mini® single-dose prefilled cartridge with AutoTouch®.

Order Information	Item: AutoTouch® reusable autoinjector	Qty: 1	Refills: (Physician circle one)	PRN	0	1	2	3
	Directions: Use this autoinjector with the ENBREL Mini® cartridge							

Prescriber Information	Prescriber First Name: Please Print			Prescriber Last Name: Please Print		
	State License Number:			NPI #:		
	Address:				Suite / Unit:	
	City:		State:		ZIP Code:	
	Phone Number:		Fax Number:		Office Contact:	

AutoTouch® 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 e-mail.

Patient Information and Authorization	Patient First Name: Please Print		Patient Last Name: Please Print		
	Date of Birth:	Mobile Phone: (Required)		Alternate Phone: (Optional)	
	Address:			Suite / Unit:	
	City:		State:		ZIP Code:
	E-Mail: (Optional)				
	<p>The AutoTouch® reusable autoinjector is the device constituent part of a prescription combination product (ENBREL Mini® single-dose prefilled cartridge with AutoTouch® reusable autoinjector). The AutoTouch® reusable autoinjector is intended for patients with a valid ENBREL Mini® prescription only. By signing below, I acknowledge that I have written a separate valid ENBREL Mini® prescription for the patient that this AutoTouch® 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® with AutoTouch®. I acknowledge that there is no additional cost to me or the patient for the AutoTouch® reusable autoinjector, and I certify and agree that I will not seek reimbursement for the AutoTouch® from the patient or any third party (including payors such as Medicare or Medicaid), nor will I sell, trade or otherwise divert any AutoTouch® reusable autoinjector.</p>				
_____ Prescriber Signature (Required)				Date: ____ / ____ / ____	

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

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