

Mifepristone Tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation. Please see Prescribing Information and Medication Guide for complete safety information.

***To set up your account to receive mifepristone, you must:***

1. complete, 2. sign and 3. fax page 2 of this form to the distributor.

If you will be ordering for more than one facility, you will need to list each facility on your order form before the first order will be shipped to the facility.

**Prescriber Agreement:** By signing page 2 of this form, you agree that you meet the qualifications below and will follow the guidelines for use. You also understand that if you do not follow the guidelines, the distributor may stop shipping mifepristone to you.

***Mifepristone must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:***

- Ability to assess the duration of pregnancy accurately.
- Ability to diagnose ectopic pregnancies.
- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
- Has read and understood the Prescribing Information for mifepristone. The Prescribing Information is available by calling our toll free number, 1-855-MIFE-INFO (1-855-643-3463), or logging on to our website, [www.MifeInfo.com](http://www.MifeInfo.com).

***In addition to having these qualifications, you also agree to follow these guidelines for use:***

- Review the Patient Agreement Form with the patient and fully explain the risks of the mifepristone treatment regimen. Answer any questions the patient may have prior to receiving mifepristone.
- Sign and obtain the patient's signature on the Patient Agreement Form.
- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.
- Place the signed Patient Agreement Form in the patient's medical record.
- Record the serial number from each package of mifepristone in each patient's record.
- Report deaths to GenBioPro, identifying the patient by a non-identifiable patient reference and the serial number from each package of mifepristone.

# ACCOUNT SETUP

Mifepristone Tablets, 200 mg; NDC 43393-001-01

## TO SET UP YOUR ACCOUNT:

1

Read the Prescriber Agreement on Page 1 of this form.

2

Complete and sign this form.

3

Fax this page to the GenBioPro distributor at 1-877-239-8036.

Your account information will be kept strictly confidential.

4

The distributor will call to finalize your account setup and take your initial order.

5

Subsequent orders may be phoned or faxed and are usually shipped within 24 hours

### BILLING INFORMATION

Bill to Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Attention \_\_\_\_\_

### SHIPPING INFORMATION Check if same as above

Ship to Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Attention \_\_\_\_\_

### ADDITIONAL SITE LOCATIONS *I will also be prescribing mifepristone at these additional locations:*

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

*(Any additional sites may be listed on an attached sheet of paper)*

### REQUEST ADDITIONAL MATERIALS

Medication Guides  State Abortion Guides  Patient Brochures  Patient Agreement Form

### ESTABLISHING YOUR ACCOUNT *(required only with first order)*

Each facility purchasing mifepristone tablets must be included on this form (see additional site locations box above) before the distributor can ship the product to the facility.

**By signing below, you agree that you meet the qualifications and that you will follow the guidelines for use on page 1 of the Prescriber Agreement.**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Medical License # \_\_\_\_\_ Date \_\_\_\_\_

**FAX THIS COMPLETED FORM TO THE AUTHORIZED DISTRIBUTOR. FAX: 1-877-239-8036**

**Please fax any questions to the above number or call 1-877-239-8036**



GenBioPro