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## THE me+™ PROGRAM ENROLLMENT AND STARTER KIT REQUEST FORM

THE RIGHT PRODUCTS, GUIDANCE AND ADVICE YOU NEED, WHEN YOU NEED IT MOST.

### Patient Information

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Ostomy Type:  Colostomy  Ileostomy  Urostomy Stoma Size: \_\_\_\_\_

Products in Use (Brand/Manufacturer): \_\_\_\_\_

Patient's Preferred Supplier: \_\_\_\_\_ Check if patient needs help finding a supplier: \_\_\_\_\_

\*If patient is under 18, provide parent/guardian first and last name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Starter Kit Request

Please choose one:

- Starter Kit with educational resources and accessories only
- Starter Kit with educational resources, pouching solutions and accessories

Type of Skin Barrier:  Flat Moldable  Convex Moldable  Flat Cut-to-Fit  Flat Pre-Cut  Convex Pre-Cut

Preferred Ostomy System:  Two-Piece  One-Piece

Additional notes: \_\_\_\_\_

### Requester Information

Facility/Hospital Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nurse or Healthcare Professional Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship:  Self  Spouse  Parent/Legal Guardian  Legal Representative  Nurse  Other HCP

If you did not check "self," you confirm that the patient authorizes their consent to submit this form.

#### By completing this form as a ConvaTec customer or on behalf of a ConvaTec customer, you acknowledge the following:

**TERMS OF OFFER:** A me+™ care Starter Kit is being offered to facilitate treatment recommended by customer's healthcare provider. Offer limited to one per customer and/or address. Please allow 2 business days for delivery from the date order is received. Any product received as a free sample is for personal use, is not for resale and cannot be billed to any insurance company, patient or third-party payer including Medicare and Medicaid. Offer is subject to change without notice. Other restrictions may apply.

**PRIVACY STATEMENT:** Each customer's privacy is important to us. ConvaTec will not give a customer's personally identifiable information to an unrelated third party without the customer's permission, and we will provide the customer with our full Privacy Statement upon request and it is available on [www.convatec.com](http://www.convatec.com).

By completing this form the customer has enrolled in the me+ program and agrees that ConvaTec and its affiliates may call, email, text or mail the customer information about their products and services. Customer also agrees that if the customer would like to order ConvaTec products, ConvaTec is authorized to identify and transfer the customer to a designated ConvaTec retailer. Customer may withdraw this authorization by calling or writing to ConvaTec.