



**Telephone: 888-311-7632 FAX: 800-848-4241**  
**Peg-Intron Free Drug Program**

**CA ADAP Prescription Benefits Administrator**  
**Telephone 1-888-311-7632 Fax 1-800-848-6465**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ ADAP ID #: \_\_\_\_\_

Patient's Mailing Address (print clearly):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribing Physician:

CA State License #:

Physician Contact Information

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA Number:

Physician Mailing Address (print clearly):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient Consent to Release Peg-Intron Claims Data:**

I authorize Ramsell Public Health Rx and the Office of AIDS to receive prescription records and claims data documenting my receipt of Peg-Intron through the Schering-Plough free Peg-Intron drug program for the treatment of Hepatitis C

*Patient Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

RAMSELL USE ONLY: Client Eligible: Yes \_\_\_\_\_ No \_\_\_\_\_

*Staff Initials:* \_\_\_\_\_ *Date verified:* \_\_\_\_\_

*Fax to Schering-Plough Commitment to Community Program 1-800-683-7855*

*Patient or physician to call Schering Plough Peg-Intron program at 1-800-521-7157.*

**ASSIGNED PEG-INTRON ID #**