OPENDOORS™
Access to information and resources

OFEV® (nintedanib)
OPEN DOORS™ Patient Support Program Opt-In Form

Please complete and fax this form to 1-844-880-OFEV (6338) or mail it to:
P.O. Box 5070 Louisville, KY 40255

For assistance or additional information, call 1-866-OPENDOOR (1-866-673-6366)

Upon your enrollment into the patient support program, the following services will become available to you:

- **Nurse support via telephone 24 hours a day, 7 days a week to help answer any questions you may have about OFEV®**
- **Assistance to help you find potential social support resources in your area**
- **An educational class with a Boehringer Ingelheim Clinical Educator**

Please complete the following 3 steps to enroll in OPEN DOORS™ and gain access to the supportive services we have available.

STEP 1: PERSONAL INFORMATION

Name (First, MI, Last): _____ DOB (MM/DD/YY): _____ Gender: ○M ○F

Address: _____ City: _____ State: _____ Zip Code:_____

Check preferred phone ○Home Phone: _____ ○Work Phone: _____

○Cell Phone: _____ ○OK to leave message Best Time to Contact: _____

E-mail: _____ Date of Diagnosis (MM/DD/YY): _____

Caregiver Name (if applicable): _____ Caregiver Phone: _____

Prescription Drug Insurance Company Name: _____

STEP 2: YOUR DOCTORS' AND SPECIALTY PHARMACY'S INFORMATION

Prescribing Doctor

Name:_____ Specialty:_____

Practice Name:_____ Office Phone:_____

Address: _____

City: _____ State: _____ Zip: _____

Primary Care Doctor

Name: _____ Practice Name: _____

Office Phone: _____ Address: _____

City: _____ State: _____ Zip: _____

Specialty Pharmacy

Specialty Pharmacy Name: _____

If you're not sure which Specialty Pharmacy you're using, your prescribing doctor should be able to tell you, or please visit OFEV.com for a list of the partnering specialty pharmacies.

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STEP 3: CONSENT [To be completed by Patient or Patient's Representative]

I authorize Boehringer Ingelheim, its affiliated companies, vendors, agents, and representatives (collectively, "Boehringer Ingelheim") to receive, use, and disclose my Health Information in order to:

I. enroll me in the OPEN DOORS™ Patient Support Program;

II. provide my healthcare provider with information on my interactions with the Patient Support Program;

III. provide me (and/or the person legally authorized to sign on my behalf, or the caregiver(s) I have designated above) with educational materials, treatment reminders, nursing educational calls and information, and other support services related to OFEV®

IV. assist with analyses related to OFEV capsules and the OPEN DOORS™ Patient Support Program;

V. provide me with other informational materials or surveys about my treatment experience with OFEV and the OPEN DOORS™ Patient Support Program; and

VI. contact my Specialty Pharmacy and healthcare provider on my behalf

My Health Information consists of any information I provide on this form and disclose in writing or verbally to Boehringer Ingelheim to assist with financial or educational support related to OFEV®. I understand and agree that Boehringer Ingelheim may contact me by mail, e-mail, telephone call, text message (including calls and text messages made with an automatic telephone dialing system or a prerecorded voice) and other means, as well as that Boehringer Ingelheim may contact me for marketing purposes or otherwise provide me with information about Boehringer Ingelheim's products, services, and programs or other topics of interest, conduct market research, or otherwise ask me about my experience with or thoughts about such topics. I understand and agree that any information that I provide may be used by Boehringer Ingelheim to help develop new products, services, and programs.

I understand that if I refuse to sign this Opt-In Form, or later revoke this Opt-In Form and the authorization for Boehringer Ingelheim to use and disclose my Heath Information ("my Authorization"), I will not be able to participate in or receive assistance from Boehringer Ingelheim's patient support program. This Opt-In Form and my Authorization will remain in force until I revoke it. I understand that I may cancel (revoke) this Opt-In Form and my Authorization at any time by mailing a request to **P.O. Box 5070 Louisville, KY 40255** or by calling 1-866-673-6366. I understand that revoking this Opt-In Form and my Authorization will end further use and disclosures of my information by the parties identified above except to the extent those uses and disclosures have been made in reliance upon my Opt-In Form and this Authorization and as permitted by applicable law.

SIGN AND DATE HERE

Patient's signature (or patient's representative): _____ **Date:** _____

Relationship to patient: ○ **Patient** ○ **Legal guardian** ○ **Other (specify):** _____

○ **Check here if you would like to schedule an educational class with a Boehringer Ingelheim Clinical Educator. Please note that by selecting this option, you are authorizing permission for a Clinical Educator to contact you by telephone.**

○ Check here if you have already met with a Clinical Educator.

Thank you for completing the form. We look forward to supporting you by providing helpful information and assistance. Please fax to 1-844-880-OFEV (6338) or mail to: P.O. Box 5070 Louisville, KY 40255

Additional forms can be obtained by calling OPEN DOORS™ at 1-866-OPENDOOR (1-866-673-6366) or visiting www.OFEV.com.