Patient Survey Reminder Card

Patient Name ______________________________ Date Survey Available __________

Doctor’s Office Contact and Phone # ______________________________

Product ___________________________ Pharmacy Name _________________________

### Telephone Survey OR Website and Mobile App Survey

**From a touchtone phone dial**

1-888-423-5436

Para español, oprime el numero dos to identify that you are a patient
to take a survey

Enter your 9-digit patient identification number (the number you provided during the enrollment process – for example your

From the menu provided, select the drug that you have been prescribed.

Press 1 OR Press 2 OR Press 3

Your survey will then begin. Please answer all of the questions. Confirmation that the survey has been completed will be provided at the end of your survey.

Access the internet and type in the website address [www.CelgeneRiskManagement.com](http://www.CelgeneRiskManagement.com)

or download the Celgene REMS mobile app for your iPad. You can find the Celgene REMS mobile app by using the search term Celgene in iTunes for iPad only.

You are not required to have a User Name or Password to complete a survey. To take your survey, left click your mouse on the button

You will be asked for the following information. Please enter the information exactly as it was provided during your enrollment process

After entering the information above, click

Survey questions will be displayed 1 per page. Please be sure to complete the survey in its entirety. A summary page displaying your survey answers will be displayed at the end of your survey. Upon completion, send the survey to Celgene by clicking