

Patient Survey Reminder Card

Celgene logo

REMS Patient Survey Reminder

Patient Name _____ Date Survey Available _____

Doctor's Office Contact and Phone # _____

Product _____ Pharmacy Name _____

Telephone Survey

OR Website and Mobile App Survey



Press



Press



Press



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.



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.

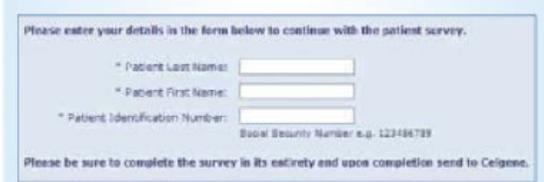
Access the internet and type in the website address **www.CelgeneRiskManagement.com** or download the Celgene REMS mobile app for your iPad. You can find the Celgene REMS mobile app by using the search term Celgene in iTunes for iPad only.

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



Patient Surveys

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



Please enter your details in the form below to continue with the patient survey.

* Patient Last Name:

* Patient First Name:

* Patient Identification Number:

 Social Security Number e.g. 123-456789

Please be sure to complete the survey in its entirety and upon completion send to Celgene.

After entering the information above, click



Start Survey

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



Send to Celgene