

Prescriber Completion of Alosetron REMS Program Training Form

Thank you for completing the Alosetron REMS Program training. As a confirmation that you independently reviewed the provided training materials, please provide your details in the form below. Upon receipt you will be sent an acknowledgment notice.

***Indicates Required Field**

Name of Prescriber (print)*

(First) (Last)

Signature* Date*

NPI Number* _____

Specialty*

- Gastroenterology
- Colon & Rectal Surgery
- Family Medicine
- Obstetrics/Gynecology
- General Surgery
- Nurse Practitioner
- Cardiovascular Diseases
- Other (Please specify) _____
- Internal Medicine
- Nuclear Medicine
- Physician Assistant

Office Name _____

Office Address* _____

Office City* _____ State* _____ Zip Code* _____

Office Phone Number* _____ Office Fax Number* _____

Email* _____

Confirmation Correspondence Preference (please select one): Fax Email

If you have any questions regarding the Alosetron REMS Program, please call 1-844-267-8675.

To complete training, visit www.AlosetronREMS.com or complete this form in its entirety and mail or fax it to the Alosetron REMS Program to the following address:

Alosetron REMS

PO Box 29292, Phoenix, AZ 85038

Fax Number: 1-800-535-6805