Mifeprex* (Mifepristone) Tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation. Please see Prescribing Information and Medication Guide for complete safety information.

To set up your account to receive Mifeprex, you must:
1. complete, 2. sign, and 3. fax page 2 of this form to the distributor.

If you will be ordering for more than one facility, you will need to list each facility on your order form before the first order will be shipped to the facility.

Prescriber Agreement: By signing page 2 of this form, you agree that you meet the qualifications below and will follow the guidelines for use. You also understand that if you do not follow the guidelines, the distributor may stop shipping Mifeprex to you.

Mifeprex must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:

- Ability to assess the duration of pregnancy accurately.

- Ability to diagnose ectopic pregnancies.

- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.

- Has read and understood the Prescribing Information of Mifeprex. The Prescribing Information is available by calling our toll free number, 1-877-4 Early Option (1-877-432-7596), or logging on to our website, www.earlyoptionpill.com.

In addition to meeting these qualifications, you also agree to follow these guidelines for use:

- Review the Patient Agreement Form with the patient and fully explain the risks of the Mifeprex treatment regimen. Answer any questions the patient may have prior to receiving Mifeprex.

- Sign and obtain the patient’s signature on the Patient Agreement Form.

- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.

- Place the signed Patient Agreement Form in the patient’s medical record.

- Record the serial number from each package of Mifeprex in each patient’s record.

- Report deaths to Danco Laboratories, identifying the patient by a non-identifiable patient reference and the serial number from each package of Mifeprex.
ACCOUNT SETUP  MIFEPRLEX® (Mifepristone) Tablets, 200 mg; NDC 64875-001-01

BILLING INFORMATION

Bill to Name ____________________________________________
Address ________________________________________________
City __________________________ State __________ ZIP ________
Phone __________________________ Fax ____________________
Attention ____________________________________________

SHIPPING INFORMATION  □ Check if same as above

Ship to Name __________________________________________
Address ________________________________________________
City __________________________ State __________ ZIP ________
Phone __________________________ Fax ____________________
Attention ____________________________________________

ADDITIONAL SITE LOCATIONS I will also be prescribing Mifeprlex* at these additional locations:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City __________________</td>
<td>State __________ ZIP ________</td>
</tr>
<tr>
<td>Phone __________________</td>
<td>Fax ____________________</td>
</tr>
</tbody>
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<table>
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<tr>
<td>Phone __________________</td>
<td>Fax ____________________</td>
</tr>
</tbody>
</table>

(Any additional sites may be listed on an attached sheet of paper.)

REQUEST ADDITIONAL MATERIALS

☐ Medication Guides  ☐ State Abortion Guides  ☐ Patient Brochures  ☐ Patient Agreement Form

ESTABLISHING YOUR ACCOUNT (required only with first order)

Each facility purchasing Mifeprlex must be included on this form (see additional site locations box above) before the distributor can ship the product to the facility.

By signing below, you agree that you meet the qualifications and that you will follow the guidelines for use on page 1 of the Prescriber Agreement.

Print Name __________________ Signature __________________
Medical License # __________________ Date __________________

FAX THIS COMPLETED FORM TO THE AUTHORIZED DISTRIBUTOR. FAX: 1-866-227-3343

Please fax any questions to the above number or call 1-800-848-6142.

* MIFEPRLEX is a registered trademark of Danco Laboratories, LLC.