Referral Form

Clinical Educator Program

Radicava ORS® (edaravone) Oral Suspension

If your patient would like to meet with or speak to a Clinical Educator for the purpose of receiving patient education on RADICAVA ORS® (edaravone), please complete the form and email to TanabePharma@momentumls.com or fax to 844.677.9234.

Patient Information

First name: _____ Last name: _____

Phone number: _____ Phone type: ☐ Home ☐ Mobile ☐ Work

City: _____ State: _____

Healthcare Provider Information

First name: _____ Last name: _____

Address: _____ VA affiliation: ☐ *Check box if yes*

City: _____ State: _____ ZIP code: _____

Office contact number: _____

Prescribed product: ☐ RADICAVA ORS® Oral Suspension

By signing this form, I certify that a healthcare provider has prescribed RADICAVA ORS® and that the patient has received direct medical guidance regarding this treatment. I represent that I have received appropriate authorization from the patient named above to disclose this information to Tanabe Pharma America, Inc. ("TPA") and its third-party vendor administering the Clinical Educator Program, Momentum Life Sciences, to be contacted by phone for the purpose of enrollment in the Clinical Educator Program. The Clinical Educator Program is an educational resource for patients who have been prescribed RADICAVA ORS®. Clinical Educators are provided by TPA and Momentum Life Sciences and is not affiliated with or provided by a healthcare provider. Clinical Educators do not provide medical advice. All questions about a condition, diagnosis, or treatment should be referred to a patient's healthcare provider.

Healthcare provider office representative signature: _____

By email: TanabePharma@momentumls.com

By fax: 1.844.677.9234

Tanabe Pharma America