



Enrollment Form

What Do I Need to Do?

This form can be used by patients, caregivers or their healthcare providers to enroll in the [EZ-Log program](#).

This form must be filled out completely and returned to Arrowhead Electronic Healthcare prior to enrollment in the [EZ-Log program](#).

EZ-Log Terms and Conditions are available on the initial visit to <http://us.ezloginfo.com>. Please read and agree to these Terms and Conditions before using EZ-Log. These Terms and Conditions supercede any previous versions of the Terms and Conditions of use for the EZ-Log.

New Users

Fill out this form and either fax it to Arrowhead Electronic Healthcare at 1-512-233-5204 or call Arrowhead Customer Support at 1-800-732-4188 ext. 27. If faxing, please print clearly and ensure that the entire form is complete. If you have questions, or need more information, contact Arrowhead Customer Support at 1-800-732-4188 ext. 27, or send an email to support@ahch.com

1 Patient's Information

Patient Enrolling In:

EZ-Log Web Diary (available for all patients)

Required Patient Information

Secure Patient ID: _____ (at least four characters)

Current Treatment: Kogenate® FS Helixate® FS Advate Recombinate ReFacto® Xyntha Other _____

Time Zone: EST CST MST PST Alaska Hawaii

Language : English Spanish

Patient Birth Date: _____ Patient Weight (kg): _____

Severity of Condition: Mild Moderate Severe

Treatment Regimen: Prophylaxis On-Demand Other _____ (please specify)

Patient Currently Keeps Diary: Yes No

For Kogenate® FS Users (check all that apply):

Historical Kogenate® FS User Patient Switching to Kogenate® FS Patient Newly Diagnosed

2 Patient's Clinic

Clinic wants a login to the EZ-Log Program

Clinic is not interested in participating Don't Know

Clinic Name: _____

Contact Name: _____ Phone: _____

3 Home Healthcare

Home healthcare wants a login to the EZ-Log Program

Home healthcare is not interested in participating

Patient does not use a home healthcare Don't Know

Home Healthcare Name: _____

Contact Name: _____ Phone: _____

3 Authorization

Patient name or name of authorized person enrolling the patient (if patient enrolling is under 18): _____

Phone number: _____ **(EZ-Log Support agent will call to verify enrollment)**

Enrollment Authorization: _____ Date: _____

Signature

Advate is a registered trademark and Recombinate is a trademark of Baxter International, Inc.

Helixate is a registered trademark of CSL Behring LLC

KOGENATE is registered trademark of Bayer

Refacto is a registered trademark and Xyntha is a trademark of Wyeth Pharmaceuticals, Inc