

LET PROCIT® BE YOUR STRENGTH – EVERYDAY.

PLEASE FILL-OUT THIS CARD AND WE WILL SEND YOU INFORMATION ON HOW PROCIT™ MAY HELP YOU REGAIN YOUR STRENGTH

Are you currently undergoing chemotherapy? Yes No

If yes, how many chemotherapy treatments have you had? _____

Who are you requesting this information for? Myself Spouse Parent Other Family Member Other (e.g. friend)

You are: Female Male



HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

I find each day to be a struggle just to get through

YES NO

I wasn't prepared for how bad the side effects from the cancer treatment would be

I really haven't ever recovered emotionally from the cancer diagnosis

I couldn't be happier with the support I have received from the medical community

I feel I have a lot of control over what my health will be like in the future

Name

Address

City State Zip

Do we have permission to contact you in the future? Yes No

If yes, when is a good time to contact you? am pm

I may be contacted by phone at (.....).....

(Please be assured that the information you provide us with will be kept strictly confidential)



WHY SPEND ANOTHER DAY FEELING TIRED? WITH PROCRI[®] YOU DON'T HAVE TO.

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WHEN STRENGTH IS WHAT YOU NEED – LET PROCIT® HELP.

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	YES	NO
I find each day to be a struggle just to get through	<input type="checkbox"/>	<input type="checkbox"/>
I wasn't prepared for how bad the side effects from the cancer treatment would be	<input type="checkbox"/>	<input type="checkbox"/>
I really haven't ever recovered emotionally from the cancer diagnosis	<input type="checkbox"/>	<input type="checkbox"/>
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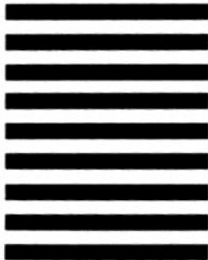
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PROCRIT[®]
EPOETIN ALFA
Strength for Living[®]



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NECESSARY
IF MAILED
IN THE
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BUSINESS REPLY MAIL

FIRST-CLASS MAIL

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PO BOX 411
NEW YORK NY 10269-0069**

