



Enbrel Nurse Educator; Grace Harris

NZnurseassist@hotmail.com

Dear Grace,

Could you please contact the following patient.

Patient Name:

Please enter your patient's preferred contact details phone/mobile/email

Mobile Phone: _____ Landline (if known) suffix eg: 09 [xx] :

Email Address:

Patient Information for Enbrel Support Nurse:

[

]

Privacy Statement: : I have informed the patient that their personal and health information will be held by Pfizer New Zealand and its contractors, and will be kept confidential to Pfizer New Zealand and its contractors. The patient has the right to inspect, update or delete their details at any time. All information is collected, used and held for the sole purpose of administering the Enbrel Nurse Support Program and for reporting, to Pfizer New Zealand, any adverse events. Should adverse events be reported via the Enbrel Nurse Support Program, your patient is informed that they may be contacted by Pfizer, should additional information be required.

I have informed the patient that they can view Pfizer's Privacy Policy by visiting www.pfizer.co.nz

By signing below, I confirm that my patient agrees to their information being held for these purposes:

Healthcare Professional Name: _____

Healthcare Professional Signature: _____ **Date** _____