

# Medical Specialist Locator

Enrollment     Update

Fax completed form to 1-800-861-8174

## Doctor Information

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ Academic Degree: MD, FCPS, DO etc. \_\_\_\_\_

## Specialty

- Gastroenterologist     Rheumatologist     Dermatologist  
 Other

## Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Telephone (Number with Area Code): (    ) \_\_\_\_\_

Practice website: (If Applicable): www. \_\_\_\_\_

**Business Hours**      Mon      Tues      Wed      Thurs      Fri      Sat      Sun  
                                 to      to      to      to      to      to      to

I have experience with REMICADE® (infliximab)       Yes       No  
In-office infusion capability       Yes       No      (This response will not display as part of database search results)

Please see full prescribing information available at [www.remicade.com](http://www.remicade.com).

## Medical Specialist Locator Agreement

Please include me in the REMICADE Medical Locator Database. *This directory can be discontinued at any time at the sole discretion of Centocor, Inc.*

Signature \_\_\_\_\_ Date \_\_\_\_\_