



## Fax Sheet

To receive your complete sharps disposal kit, please fill out the form below and fax back to (855) 820-9608.

Shipment to a P.O. box address is not available. Please provide a valid street address and phone number.

*IMPORTANT - Please fill out all fields. We cannot process forms with missing information. Thank you.*

FIRST NAME

LAST NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

PHONE NUMBER

EMAIL

**I am a:**

- Patient
- Caregiver

**What is your diagnosis?:**

- Rheumatoid arthritis (RA)
- Polyarticular juvenile idiopathic arthritis (pJIA)
- Psoriasis

**Communication Settings:**

- I would like to receive communications from Antares

**I am a: (Check all that apply)**

- New patient
- Current patient

**Please specify your container request:**

- I would like to order a complete sharps disposal kit
- I would like to order only the prepaid return postage package

The information you've provided us may be used by Antares, or parties acting on its behalf, to contact you via mail, telephone, in electronic format or otherwise, in the future, for market research, clinical trials, and other information and offers that we believe may be of interest to you. If you wish to unsubscribe from receiving future communications from Antares you may do so at any time by visiting [www.stepupstartup.com](http://www.stepupstartup.com).