

WE WANT TO HEAR FROM YOU!

Email this form to: EntyvioConnectFeedback@entreehealth.com

EntyvioConnect is designed to make your patient's treatment journey as stress-free as possible to access their prescribed drug. If you found it to be helpful or have ideas about how it could improve, **we'd love to hear your story.**

First Name: _____ Last Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Can we contact you to follow up about your *EntyvioConnect* experience? Yes No



In the space below (up to 500 words), please share any aspect of your experience with *EntyvioConnect* that you feel was a significant part of your patient's treatment journey. Please share any additional product support you had been offered more support with along the way.



Thank you so much for taking the time to share. All feedback is meaningful in shaping the future of *EntyvioConnect*!