

HEALTHCARE PROVIDER PREREGISTRATION FORM FOR MYCITE®

Fax to: 1-844-9-MYCITE (1-844-969-2483)

For questions, contact MYCITE® Team at 1-844-MYCITE-3 (1-844-692-4833), Press 4 for pharmacy



In order to access protected patient information through the MYCITE® Dashboard, each healthcare provider team member must be invited by their patient to connect on the ABILIFY MYCITE® System.

Preregistering designated email addresses for the prescriber and other healthcare providers in your practice can help streamline patient connections.

The MYCITE Team will use this information to:

- Help patients set up their MYCITE® APP accounts
- Send patient invitations and other opted-in notifications for MYCITE

Please keep in mind that email addresses provided in this form:

- Should include the prescriber and any other healthcare providers who may be invited by patients to connect through the MYCITE Dashboard
- Must represent secure, designated, individual email accounts (i.e., no group emails)
- Can be a provider practice-issued email or an email account specifically designated for patient communications

For more information about our privacy requirements for patients, healthcare providers, and family & friends, please review the ABILIFY MYCITE System Terms of Use, Privacy Notice, and Authorization & Consent at www.ABILIFYMYCITE.com.



Scan for direct access to website

FACILITY INFORMATION

Facility Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) - _____ - _____ Fax #: (_____) - _____ - _____

PRESCRIBER INFORMATION

Prescriber First Name: _____

Prescriber Last Name: _____

NPI#: _____

Prescriber Email: _____

OTHER HEALTHCARE PROVIDER TEAM MEMBER INFORMATION

First Name 1	Last Name 1	Email 1
_____	_____	_____
First Name 2	Last Name 2	Email 2
_____	_____	_____
First Name 3	Last Name 3	Email 3
_____	_____	_____
First Name 4	Last Name 4	Email 4
_____	_____	_____

For Initial Rollout purposes only. Content created for participating in-network healthcare providers who prescribe the ABILIFY MYCITE® Kit.

Fax the completed form to 1-844-9-MYCITE (1-844-969-2483)

Please see [U.S. FULL PRESCRIBING INFORMATION](#), including **BOXED WARNING**, for ABILIFY MYCITE® (aripiprazole tablets with sensor).