



Dear Patient,

Your doctor has decided your **TEZSPIRE will be administered at the following injection location. Please expect a member of the treatment location to call you directly to schedule your appointment.**

Treatment Location: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

Please reach out to your doctor's office if you have any questions.

Point of Contact: _____

Phone #: _____

To enroll in the **TEZSPIRE Together patient support program, call 1-888-TZSPIRE (1-888-897-7473) or visit our portal at **TEZSPIRETogether.com** to enroll online.**

