



# Your Guide to Completing the VOWST Voyage™ Support Program Enrollment Form and Prescription

Complete and submit the digital VOWST Enrollment Form and Prescription at [vowsthcp.com](http://vowsthcp.com) or by scanning this QR code



If you cannot access the digital form, follow these steps to ensure timely patient access to VOWST® (fecal microbiota spores, live-brpk)

It is recommended to submit the Enrollment Form on the same day antibiotic is prescribed

1. Download and print the Enrollment Form directly from [vowsthcp.com](http://vowsthcp.com)

2. Complete all required fields denoted by a red asterisk in the HCP Section

- Diagnosis information
- Antibiotics start date and days supply
- Prescriber information and contact person
- Signature and date of signature from prescriber

3. Ensure all required fields denoted by a red asterisk in the Patient Section are completed

- Patient information
- Insurance information
- Signature and date of patient or patient representative for consent and authorization (if patient is unavailable to sign, please send in Enrollment Form and VOWST Voyage Support Program will contact the patient)

4. Fill in Patient Name and Date of Birth on every page

5. Fax the completed VOWST Voyage Enrollment Form and Prescription to **1-888-234-6987**

6. For questions or help getting your patient started, call the VOWST Voyage Support Program at **1-888-356-5444**

