



## ESSURE® Facility Confirmation Form

### Terms and Conditions

In order to process your order of Essure, the following documentation is required:

- 1) A signed Essure Physician Distribution Agreement (EPDA) for active Essure users within your facility.
- 2) Confirmation from your facility that Essure will only be distributed to physician users in your facility that have signed the EPDA. Please complete the section below and return.

### Facility Confirmation

I understand and agree to the above terms and conditions to order Essure. On behalf of our facility, I confirm that Essure will only be supplied to physicians who have signed the EPDA. Further, I agree that the product will be used within 1 year of the date of purchase.

Your name\*: \_\_\_\_\_

Your title\*: \_\_\_\_\_

Your phone or email: \_\_\_\_\_

Facility name\*: \_\_\_\_\_

Facility address\*: \_\_\_\_\_

\* Required fields have been marked with an asterisk, please print all fields clearly

Please return this form to [EPDA@bayer.com](mailto:EPDA@bayer.com) via email or 862-404-3036 via fax.  
Afterwards, please call 855-966-4584 to ensure your order is complete and can be processed.