



By completing this form, parent/guardian consents to have their information shared with Mead Johnson Nutrition for enrollment in Helping Hands™, including email notifications and special offers.

Helping Hands™ provides one enrollment per household, per birth. Programs and offers are subject to change without notice. Only parents and legal guardians who meet offer qualifications are eligible.

PARENT/CHILD & PROVIDER INFORMATION

Today's Date ____ / ____ / ____

Parent/Guardian Name _____

Parent/Guardian Email _____

Shipping Address (Sorry, no P.O. Boxes) _____

City _____ State _____ Zip Code _____

Phone (____) _____ Baby's Date of Birth ____ / ____ / ____

Baby's Health Care Provider _____ Multiple Births? (if yes, note # babies) _____

Clinic/Hospital _____

Enfamil Family Beginnings® (EFB) may provide additional samples, coupons, and information. If the parent/guardian would like to be enrolled in this program, please check the box below.

[] Parent/guardian would like to be enrolled in EFB.

Read our privacy policy at enfamil.com/privacy-policy/

PRODUCT SELECTION

Select one option below. For multiple births, if babies are on different products, select applicable product(s), then indicate the name and number of babies on the product in the Request Other/Special Instructions box found below.

Solutions

- [] Enfamil NeuroPro™ Gentlease®
[] Enfamil NeuroPro™ Sensitive
[] Enfamil A.R.™
[] Enfamil® ProSobee®
[] Enfamil® Reguline®

Premature

- [] Enfamil NeuroPro™ EnfaCare®
[] Enfamil® HMF Powder
[] Enfamil® HMF Acidified Liquid
[] Enfamil® Premature (select calorie level):
[] 20 [] 24 [] 24 High Protein [] 30

Hypoallergenic Nutrition

- [] Nutramigen® with probiotic LGG®*
[] Nutramigen® with probiotic LGG®* Toddler
[] PurAmino™†
[] PurAmino™ Jr†

Special Products

- [] Pregestimil®
[] Enfaport™
[] Enfamil® 24
[] Metabolic (note here): _____

Request Other/Special Instructions (note below):

Multiple Births Only

- [] Enfamil NeuroPro™ Infant
[] Enfamil® Enspire™
[] Enfamil® Enspire™ Gentlease®

* LGG is a registered trademark of Chr. Hansen A/S.

ADDITIONAL INFORMATION

† Insurance reimbursement support may be available for patients using PurAmino™ products through myPurAmino™, based on the individual patient's insurance plan. If you would like a member of our team to reach out, please check the box below.

[] Parent/guardian would like to learn about insurance reimbursement support.

Long Term Assistance (LTA) may be available for those who qualify. If the parent/guardian is experiencing financial difficulty and would like us to contact them with more information, please check the box below.

[] Parent/guardian would like to learn about LTA.

California Residents: Parent/guardian signature required: _____

Health Care Provider: Please return to your Mead Johnson Nutrition representative: _____

