

Procedure Ready Program Patient Enrollment Form



At Coloplast, we are dedicated to helping people with intimate healthcare needs. As you prepare to receive a Titan® penile implant, we have created the **Procedure Ready Program**. This program is designed to make sure you have the best possible experience by providing you with general guidelines and resources to help you prepare for the Titan penile Implant.

In collaboration with your health care team, we invite you to sign up to receive valuable information about your device and procedure, via email, text, and phone call reminders from Coloplast, before your surgery, in the days leading up to and after your surgery.

Your physician is responsible for your care, and it is important to follow the recommendations that your surgeon provides for the best possible outcomes.

Patient Information

First Name

Last Name

Email Address

Phone Number

Date of Birth (mm/dd/yyyy)

Surgeon Name

Has your physician asked you to get medical clearance from another care provider (examples: Primary Care, Cardiology)?

☐ Yes

☐ No

☐ I don't know

Scheduled Surgery Date

☐ Less than 1 month

☐ In about 2 months

☐ In about 4 months or more

☐ In about 1 month

☐ In about 3 months

Insurance Type

Commercial Insurer (if applicable)

☐ Commercial

☐ Anthem Blue Cross Blue Shield

☐ HealthAlliance

☐ Kaiser Permanente

☐ Medicare

☐ Aetna

☐ HealthPartners

☐ UnitedHealthcare

☐ Medicare Advantage

☐ Blue Cross Blue Shield

☐ HealthNet

☐ Other: (Please include below)

☐ Medicaid

☐ Carefirst

☐ Highmark

☐ Veteran Health Benefits (VA)

☐ Cigna

☐ Humana

The Coloplast Procedure Ready Program is a free product and educational program designed to support patients with upcoming implants. The program includes individualized product information and information about your implant procedure which may include a welcome kit, and ongoing text and email support. As part of the Procedure Ready Program, you will receive text and email-based communications about your upcoming implant. Communications may include personalized emails and texts containing website links to articles, advice, reminders, inspirational stories, and answers to lifestyle questions that may be of interest.

By submitting your personal information above, you agree to enroll in the Procedure Ready Program for your upcoming implant procedure. We may use the information you share with us to help us understand our customers, their medical conditions, and their needs when treating them. We also use your information to conduct research and data analytics. This helps us to improve our products and services and to develop new ones. We will not share or sell your information to third parties other than to contact your provider who referred you to us for purposes of gathering insurance criteria. You may opt out at any time.

Visit coloplast.to/dc to view the Coloplast US Declaration of Consent and coloplast.to/pp to view the Coloplast US Privacy Policy.

Patient's Signature

Date

Please send this completed form to GuidedSupport@coloplast.com or fax it to 612-520-2366.

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