

OPKO CONNECT

Dear OPKO Connect,

This letter is from Dr. _____ to attest that
_____ was placed on RAYALDEE® (calcifediol) on
_____ and was Vitamin D insufficient with a 25(OH)D below 30 ng/mL at
time of initiation of RAYALDEE® therapy.

Thank you,

Prescriber Signature

Date

**Please send this completed and signed letter to OPKO Connect by:
Fax: 1-844-660-7083 or Email: opkoconnect@rxallcare.com
For questions, contact OPKO Connect at 1-844-414-OPKO (6756)**