<<Patient Name>>

<<Address 1>>

<<Address 2>>

### <<City, State Post Code>>

**Your Assistance Is Requested in the Teva Migraine Pregnancy Registry**

Dear <<Patient Name>>,

I am contacting you as I have learned about the Teva Migraine Pregnancy Registry. Based on your medical history, you may qualify to participate and help future pregnant women. A pregnancy registry is a study that collects health information from women who take prescription medicines when they are pregnant. Information   
is also collected on the newborn baby.

I would like to invite you to participate in the Teva Migraine Pregnancy Registry. Your experience with the use of migraine medication during pregnancy may help other women and their doctors in the future learn more about using migraine medication during pregnancy.

Please consider joining us in this important research. If you are interested, reach out to me and I can further discuss it with you. You can also learn more aboutthe Teva Migraine Pregnancy Registry by visiting www.TevaMigrainePregnancyRegistry.com or by contacting the registry directly:

* + Registry Phone Number: 833-927-2605
  + Registry Fax Number: 800-800-1052
  + TevaMigrainePregnancyRegistry@syneoshealth.com

Thank you for considering taking part in this pregnancy registry!

Sincerely,

<<HCP Name>>

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