



Fresenius Kabi USA, LLC
 Medical Affairs
 (800) 551-7176
medinfo.usa@fresenius-kabi.com
 Monday – Friday, 8am – 5pm CT
www.fresenius-kabi.com/us

Pharma Medical Information Request Form
Please complete all fields, sign, and submit to: Email: medinfo.USA@fresenius-kabi.com <i>This form is not intended for reporting adverse events or product complaints.</i>

Date of Request:

Contact Information		
First Name:	Last Name:	
Professional Designation:		
Title:		
Institution:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

Unsolicited Medical Information Request	
Product Name:	NDC Number:
Inquiry: 	

HCP Signature: _____	Date: _____
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Method of Response:
<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Fax

*To report an adverse event, please email Vigilance at adverse.events.USA@fresenius-kabi.com
 To report a product quality complaint, please email productcomplaint.USA@fresenius-kabi.com
 The information you provide will be treated in accordance with [Fresenius Kabi's Privacy Notice](#)*