Fresenius Kabi
Medical Affairs

medtech.medinfo.usa@fresenius-kabi.com
Monday – Friday, 8am – 5pm CT
www.fresenius-kabi.com/us

MedTech Medical Information Request Form

Please complete all fields, sign, and submit to:
Email: medtech.medinfo.USA@fresenius-kabi.com
This form is not intended for reporting adverse events or product complaints.

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:	Product Code:
Inquiry:	

HCP Signature: _____ Date: _____

Method of Response:
☐ Email ☐ Phone Call ☐ Fax

To report an adverse event, please call 1-800-933-6925
To report a product quality complaint, please email mdpmqa.USA@fresenius-kabi.com
The information you provide will be treated in accordance with Fresenius Kabi's Privacy Notice