Fresenius Kabi USA, LLC
Medical Affairs
(855) 354-6387, option 1
infusion.medinfo.USA@fresenius-kabi.com
Monday – Friday, 8am – 5pm CST
www.fresenius-kabi.com/us

Infusion Delivery Medical Information Request Form (Resource Center)
Please complete all fields, sign, and submit to: **Email: infusion.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/Description:	
Order Number:	**Product Code:**
Inquiry:	
HCP Signature: _____ Date: _____	
Method of Response: ☐ Email ☐ Phone Call ☐ Fax	

To report an adverse event, please email Vigilance at US_LKZ_MDComplaintSupport@fresenius-kabi.com
To report a product quality complaint, please email US_LKZ_MDComplaintSupport@fresenius-kabi.com
The information you provide will be treated in accordance with Fresenius Kabi's Privacy Notice