

Infusion Delivery Medical Information Request Form**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](#)*