

<b>Infusion Delivery Medical Information Request Form</b>
<p><b>Please complete all fields, sign, and submit to:</b>  <b>Email: <a href="mailto:infusion.medinfo.USA@fresenius-kabi.com">infusion.medinfo.USA@fresenius-kabi.com</a></b>  <i>This form is not intended for reporting adverse events or product complaints.</i></p>

<b>Date of Request:</b>
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<b>Contact Information</b>		
First Name:	Last Name:	
Professional Designation:		
Title:		
Institution:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

<b>Unsolicited Medical Information Request</b>	
<b>Product Name/Description:</b>	
<b>Order Number:</b>	<b>Product Code:</b>
Inquiry:	

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

To report an adverse event, please email Vigilance at [US\\_LKZ\\_MDComplaintSupport@fresenius-kabi.com](mailto:US_LKZ_MDComplaintSupport@fresenius-kabi.com)  
 To report a product quality complaint, please email [US\\_LKZ\\_MDComplaintSupport@fresenius-kabi.com](mailto:US_LKZ_MDComplaintSupport@fresenius-kabi.com)  
 The information you provide will be treated in accordance with [Fresenius Kabi's Privacy Notice](#)