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

(Resource Center)

Please complete all fields, sign, and submit to:
Email: 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:	NDC Number:
Inquiry:	
HCP Signature: _____ Date: _____	
Method of Response: ☐ Email ☐ Phone Call ☐ 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