Fresenius Kabi USA, LLC
Medical Affairs
(800) 551-7176, option 4
nutrition.medinfo.USA@fresenius-kabi.com
www.fresenius-kabi.us

Medical Information Request Form

Please complete all fields, sign, and submit to:
Email: nutrition.medinfo.USA@fresenius-kabi.com or Fax: 847.550.7121

Date of Request:

Contact Information		
First/Last Name:		
Degree:	Title:	
Institution:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email:		

Unsolicited Medical Information Request
Product:
Inquiry:

HCP Signature:______________________________________ Date:________________

Method of Response:

☐ Email ☐ Phone Call ☐ Fax ☐ Mail

Revised 05/2016