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Medical Information Request
Medical Personnel Request
Fax completed form to 1-609-301-6230

PROFESSIONAL CONTACT INFORMATION (please print clearly)

Requested by
Degree: [] MD / DO [] RN [] RPh [] PharmD
Institution/Office
Address 1
City
Phone Number
Email (Required for medical personnel requests)

To speak with a Medical Information Representative call 1-888-900-8796 or e-mail a request directly to medinfo@usworldmeds.com

Address 2
State ZIP
Fax (Required)

INFORMATION REQUEST / MEDICAL PERSONNEL CONTACT REQUEST

Product Name (if applicable):
[]
[]
[]
[]
[]
[]
[]
[]

I certify that this is an unsolicited request for medical information/medical personnel contact.

Requestor's Signature [REQUIRED]

Date of Request

I prefer to receive medical information by: [] Email [] Fax [] Phone
I would like to be contacted by Medical personnel via: [] Email [] Phone

US WORLDMEDS CONTACT INFORMATION

Name (please print)

Position

