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| **Health Care Professional Contact Information:** |
| **Name and Title:** |
| **Address:** |
| **E-mail:** |
| **Tel:** | **Fax:** |

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| **Request:** |
| [ ]  Medical Enquiry | [ ]  Article request | [ ]  Formulary Binder |
| **Details (for articles, please provide the title and the name of the first listed author):** |
| **Reason for Request:** |
| [ ]  Scientific Interest[ ]  Reference in a training/presentation not sponsored by Ferring[ ]  Submission to Formulary Committee[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For medical enquiries, please provide a time frame:**  |
| [ ]  Rush (within 2 business days) Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  by this date (please allow at least 5 business days):  |

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| **I hereby certify that the information requested above is unsolicited by Ferring Pharmaceuticals** |
| **Signature:** | **Date:**  |