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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:** |