

Mylan

Unsolicited Medical Information Request Form

Methods for Submitting Requests:

Call: (877) 446-3679
Fax: 913-451-6409
Email: druginfo@mylan.com

Inquirer Information

Name _____

Circle One: MD, Pharmacist, RN, Other: _____

Address _____

City/State/Zip _____

Sales Rep _____

Terr # _____

Telephone (____) _____

Fax (____) _____

(only if response is to be returned by fax)

Question

Product: _____

Question (please be specific): _____

(A written response will be sent as soon as possible.)

Health Professional's Signature/Date

To report adverse events call 1-877-446-3679, option #3