Medical Information and Communication
Sandoz Inc.
100 College Road West, Princeton, NJ 08540
Phone: 800-525-8747
Fax: 862-778-8263 Email:
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Medical Information Request Form

Requestor's Name:		
Organization:	Email:	
Street Address:	Phone:	
City:	State:	Zip:
Specialty:		
Profession: ☐ Physician ☐ Pharmacist ☐ Physician Assistant ☐ Nurse Practitioner ☐ Nurse ☐ Office Personnel/Manager ☐ Other:		
Product Name*:		
Date Requested:	Requested information to be provided via: ☐ Phone ☐ E-Mail ☐ Mail ☐ In Person (MSL)	
Information Requested / Question:		
Requestor's Signature (REQUIRED):	Date:	

For reprint requests:

Requestor's Initials (REQUIRED):	☐ Prescribing Physician must check this box to acknowledge understanding of transfer of value for Sunshine Act Reporting

Sandoz Representative Information (if applicable):

Sandoz Representative:	E-mail:
Phone:	Date:

*** Please do not use this form for reporting Adverse Event(s).
If reporting adverse events contact Sandoz Drug Safety at 1-800-525-2492.

Please forward this form to Sandoz Medical Information:
E-mail: medicalaffairs.us@sandoz.com

*Intended for use regarding Sandoz products only