



MEDICAL INFORMATION REQUEST FORM (MIRF)

Instructions

- One request per card only
 - Please print clearly
 - Do not abbreviate
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- Email the completed MIRF to medical.information@azurity.com or fax MIRF to (888)214-7724

Contact Information (* required fields)

Requester Name* Title Degree

Address

City State Zip

Phone* Fax E-mail*

Product:

Information Request or Question:

Requester Signature (required):	Date:
Representative Name:	Territory#:
Rep Contact Number:	
Rep Email Address:	

This form is not intended to report suspected adverse reactions. Please contact Azurity Pharmaceuticals at 1-800-461-7449 or FDA at 1-800-FDA-1088 or www.fda.gov/MedWatch to report suspected adverse reactions.