



THE MEDICINES COMPANY®

# Medical Inquiry FAX Form

For a faster response, and to report adverse events, call the Medical Information Department at

**1-888-977-MDCO**

(1-888-977-6326)

8:00 am-6:30 pm EST, Monday-Friday.

**To:** Medical Information Department

Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

FAX: (973) 656-1929

Voicemail: \_\_\_\_\_

**From:**  M.D.  Pharm.D.  R.Ph.  N.P.  R.N.  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Office: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Signature: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Please send information via:  US Mail  FedEx  FAX  E-Mail

Please have my local Medical Scientist (MS) contact me:

Please specify question/request: Does this question/request relate to a specific patient?  Yes  No

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