

# Dialyvit<sup>®</sup> Renal Multi-vitamins Rx & OTC Sample Request

**Dialyvit<sup>®</sup> Division**  
**Hillestad Pharmaceuticals USA, Inc.**  
**178 US HWY 51 N**  
**Woodruff, WI 54568-9501**

Website: [www.dialyvite.net](http://www.dialyvite.net)  
 Email: [info@dialyvite.net](mailto:info@dialyvite.net)  
 Phone: (866) 358-9773 Toll Free  
 Fax: (715) 358-9778

Check Rx Samples Requested: \_\_\_\_\_ NDC # \_\_\_\_\_

___ #S10 Dialyvit <sup>®</sup> Rx* (1 mg Folic Acid)	10542 010 10
___ #S12 Dialyvit <sup>®</sup> Rx with Zinc* (50 mg Zinc)	10542 012 10
___ #S14 Dialyvit <sup>®</sup> 3000 Rx* (3 mg Folic Acid)	10542 014 09
___ #S11 Dialyvit <sup>®</sup> 5000 Rx* (5 mg Folic Acid)	10542 011 09
___ #S09 Dialyvit <sup>®</sup> Supreme D Rx* (3 mg Folic Acid and 2000 IU Vitamin D)	10542 009 09

\*Available on Rx Script Pads

Rx Script Pads\*  
 Requested  
 # \_\_\_\_\_  
 (10 sheets/pad)

(Please print)

State license or DEA # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
**(REQUIRED for Rx SAMPLES) (REQUIRED for Rx SAMPLES)**

I have requested samples for the use of the medical needs of my patients and certify that my state license is valid and current.

Name \_\_\_\_\_  
 (Please print)

Signature: **X** \_\_\_\_\_ Date \_\_\_\_\_  
**(REQUIRED for Rx SAMPLES)**

Facility Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Patient Education Brochures: 5 10 25**  
**Patient Education Brochures (Spanish): 5 10 25**  
**Non-Prescription Order Forms: 5 10 25**  
**Non-Prescription Order Forms (Spanish): 5 10 25**

Patients at facility:  
 # \_\_\_\_\_ Hemo # \_\_\_\_\_ PD  
**(REQUIRED)**

**Non Rx\*\***  
 Script Pads Requested  
 # \_\_\_\_\_  
 (10 sheets/pad)

## Non-Prescription Samples Requested (OTC)

(Physician's signature **not** required)

- |   |   |
|---|---|
| ___ #S15 Dialyvit <sup>®</sup> 800 with 15 mg Zinc**<br>___ #S18 Dialyvit <sup>®</sup> 800 Liquid<br>___ #S20 Dialyvit <sup>®</sup> 800**<br>___ #S25 Dialyvit <sup>®</sup> 800 / Ultra D**<br>___ #S30 Dialyvit <sup>®</sup> 800 Plus D Chewable**<br>___ #S32 Dialyvit <sup>®</sup> 800 Chewable**<br>___ #S35 Ferrimin 150 Iron<br>___ #S45 Calcium Acetate<br>___ #S50 Dialyvit <sup>®</sup> 800 with 50 mg Zinc<br>___ #S60 Dialyvit <sup>®</sup> 800 with Iron**<br>___ #S80 ActiFol 800<br>___ #S85 Dialyvit <sup>®</sup> Zinc 50 + Copper<br>___ #S90 Dialyvit <sup>®</sup> Vitamin D 5000<br>___ #S95 Biotin | ___ #S100 Dialyvit <sup>®</sup> Vitamin D3 Max<br>___ #S105 Dialyvit <sup>®</sup> Vitamin D3 Chewable<br>___ #S120 Omega 3 Concentrate<br>___ #S130 Dialyvit <sup>®</sup> Whey Plus Protein<br>___ #S135 Dialyvit <sup>®</sup> Hi-Peak Instant Soy Protein Mix<br>___ #S145 Dialyvit <sup>®</sup> Peak Protein/Fiber Tablets<br>___ #S155 Dialyvit <sup>®</sup> Enzyme Complex Chewable<br>___ #S160 Dialyvit <sup>®</sup> Probiotic<br>___ #S165 Dialyvit <sup>®</sup> Chewable Probiotic<br>___ #S170 Dialyvit <sup>®</sup> Vitamin B12 Plus Chewable<br>___ #S175 Dialyvit <sup>®</sup> Selenium<br>___ #S180 Dialyvit <sup>®</sup> Alpha-Lipoic Acid<br>___ #S200 Dialyvit <sup>®</sup> Daily-Betic |
|---|---|

\*\*Available on Non- Rx Script Pads

**Please fax this request to (715) 358-9778**