

Dialyvite® Renal Multi-vitamins Rx & OTC Sample Request

Dialyvite® Division
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Website: www.dialyvite.net
 Email: info@dialyvite.net
 Phone: (866) 358-9773 Toll Free
 Fax: (715) 358-9778

Check Rx Samples Requested:	NDC #
___ Dialyvite® Rx (1 mg Folic Acid)	10542 010 10
___ Dialyvite® Rx with Zinc (50 mg zinc)	10542 012 10
___ Dialyvite® 3000 Rx (3 mg Folic Acid)	10542 014 09
___ Dialyvite® 5000 RX (5 mg Folic Acid)	10542 011 09
___ Dialyvite® Supreme D Rx (3 mg Folic Acid and 2000 IU Vitamin D)	10542 009 09

Script Pads Requested # _____ (10 sheets/pad)

Samples may be sent to either the dialysis unit or nephrologist's office

Physician or Nurse Practitioner's name _____ (print please)

DEA or State license # _____ 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.

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-Prescription Samples Requested (OTC)

(Physician's signature not required)

___ Dialyvite® 800	___ Ferrimin® 150 Iron**
___ Dialyvite® 800 with 15mg of Zinc	(150mg of elemental Iron–Ferrous Fumarate)
___ Dialyvite® 800 with 50mg of Zinc	**NOW WITH STOOL SOFTENER
___ Dialyvite® 800 with Iron	___ Vitamin D 5000
___ Dialyvite® 800/Ultra D	___ Calcium Acetate 668mg tablets

Please fax this request to (715) 358-9778