Medical Information Request Form

Requests may be submitted by any of the following:

Online: https://www.jjmedir.com	
Ethicon/CSS	***DePuy Synthes***
Email: Eth_Medical_Info@its.jnj.com	**Email:** SciMedAffairs@its.jnj.com
Voicemail: 1-800-888-9234 ext.3800	**Voicemail:** 1-866-685-7325
Fax: 1-800-605-6901	**Fax:** 1-646-203-0600

* ***Required Fields***

To: Medical Affairs ***Date:** _____

Select One: ◯ Doctor ◯ Nurse ◯ Pharmacist ◯ Other: _____

From: (HCP Requestor Full Name):

***First Name**: _____ ***Last Name**: _____

Title: ◯ Dr. ◯ Mr. ◯ Mrs. ◯ Ms.

***Specialty:** _____ ***Hospital/Institution/Office:** _____

Address: _____ ***City:** _____

***State:** _____ ZIP/Postal Code: _____ Telephone: _____

***Email Address:** _____ Fax: _____

J&J Contact/Sales Rep: _____ Contact's Email: _____

Desired Response Method: ◯ Email ◯ Telephone ◯ Postal Mail ◯ Fax ◯ Other: _____

HCP Requestor's Signature** (REQUIRED FOR PROCESSING***):
Signature required via **one** of the following methods:

a) click on box to create a digital signature;
b) print out, sign and then fax or scan then email;or send
c) as an email attachment DIRECT from HCPs email. _____

Product inquiry is associated with which Medical Devices Company?
☐ Acclarent ☐ Cerenovus ☐ Ethicon ☐ Mentor
☐ Biosense Webster ☐ DePuy Synthes ☐ Other:

***Product(s):** _____

Product Code(s): _____

PLEASE NOTE: We are able to action your request without delay when product codes are included. Product codes are essential if your request pertains to MRI compatibility or material composition.

***Question:** (Please do not include any personal information)

Please allow 3-10 days for response.

Adverse Event Reporting: *Remember to contact the local representative in case any adverse event or product quality complaint occurs while using our product and comply with your local regulations for notification.*