

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.