



PRODUCT VERIFICATION FORM

Please complete and email this form to: verification@fresenius-kabi.com

Attn: Customer Service Department, Fresenius Kabi USA, LLC

Name of Wholesaler/Distributor of
where product was purchased:

Name of Product Manufacturer:

Ship To / Ship From Address:

Product Name:

Product NDC Number:

Product Serial Number:

Product Batch Number:

Note: Please attach photograph/pictures of the Product(s).

Requester's Information:

Name:

Email address:

License/DEA Number:

Address:

City:

State / Zip Code:

Signature / Date:

CONFIDENTIAL