

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

Dialyvit<sup>®</sup> Division  
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Website: www.dialyvit.net  
Email: info@dialyvit.net  
Phone: (866) 358-9773 Toll Free  
Fax: (715) 358-9778

| Check Rx Samples Requested:   | NDC #        |
|---|--------------|
| ___ S09 Dialyvit <sup>®</sup> Supreme D Rx<br>(3 mg Folic Acid and 2000 IU Vitamin D) | 10542 009 09 |
| ___ S10 Dialyvit <sup>®</sup> Rx (1 mg Folic Acid)                                    | 10542 010 10 |
| ___ S11 Dialyvit <sup>®</sup> 5000 RX (5 mg Folic Acid)                               | 10542 011 09 |
| ___ 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 |

|   |
|---|
| Script<br>Pads<br>Requested<br># _____<br>(10 sheets/pad) |
|---|

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

Physician or Nurse Practitioner's name \_\_\_\_\_ Title \_\_\_\_\_  
(Please print)

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)

|   |  |
|---|--|
| ___ S15 - Dialyvit <sup>®</sup> 800 with 15 mg Zinc | ___ S95 - Biotin   |
| ___ S20 - Dialyvit <sup>®</sup> 800                 | ___ S100 - D3 Max  |
| ___ S25 - Dialyvit <sup>®</sup> 800 /Ultra D        | ___ S120 - Omega 3   |
| ___ S35 - Ferrimin <sup>®</sup> 150 Iron**          | ___ S130 - Whey Plus Protein                                     |
| ___ S45 - Calcium Acetate 668mg tablets             | ___ S135 - Dialyvit <sup>®</sup> Hi-Peak Instant Soy Protein Mix |
| ___ S50 - Dialyvit <sup>®</sup> 800 with 50 mg Zinc | ___ S145 - Dialyvit <sup>®</sup> Peak Protein/Fiber Tablets      |
| ___ S60 - Dialyvit <sup>®</sup> 800 with Iron       | ___ S160 - Probiotic   |
| ___ S90 - Vitamin D 5000                            | ___ S200 - Dialyvit <sup>®</sup> Daily-Betic                     |

\*\* 150mg of elemental Iron-Ferrous Fumarate - NOW WITH STOOL SOFTENER

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