

## Dialyvite® Renal Multi-vitamins Rx & OTC Sample Request

**Dialyvite® Division**  
**Hillestad Pharmaceuticals USA, Inc.**  
**178 US HWY 51 N**  
**Woodruff, WI 54568-9501**

Website: [www.dialyvite.net](http://www.dialyvite.net)  
 Email: [info@dialyvite.net](mailto:info@dialyvite.net)  
 Phone: (866) 358-9773 Toll Free  
 Fax: (715) 358-9778

Check Rx Samples Requested:	NDC #
<input type="checkbox"/> Dialyvite® Rx (1 mg Folic Acid)	10542 010 10
<input type="checkbox"/> Dialyvite® Rx with Zinc (50 mg Zinc)	10542 012 10
<input type="checkbox"/> Dialyvite® 3000 Rx (3 mg Folic Acid)	10542 014 09
<input type="checkbox"/> Dialyvite® 5000 RX (5 mg Folic Acid)	10542 011 09
<input type="checkbox"/> 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 \_\_\_\_\_  
(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)

- |   |   |
|---|---|
| <input type="checkbox"/> Dialyvite® 800<br><input type="checkbox"/> Dialyvite® 800 with 15 mg Zinc<br><input type="checkbox"/> Dialyvite® 800 with 50 mg Zinc<br><input type="checkbox"/> Dialyvite® 800 with Iron<br><input type="checkbox"/> Dialyvite® 800/ Ultra D<br><input type="checkbox"/> Dialyvite® 800 Plus D Chewable<br><input type="checkbox"/> Biotin<br><input type="checkbox"/> D3 Max | <input type="checkbox"/> Vitamin D 5000<br><input type="checkbox"/> Dialyvite® Daily-Betic<br><input type="checkbox"/> Calcium Acetate 668mg tablets<br><input type="checkbox"/> Ferrimin 150 Iron<br><input type="checkbox"/> Dialyvite® Probiotic<br><input type="checkbox"/> Omega 3 Concentrate<br><input type="checkbox"/> Whey Plus Protein<br><input type="checkbox"/> Vitamin B12 Plus Chewable |
|---|---|

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