



URGENT PRODUCT REQUEST FORM: ABBOTT ELECARE® AND ELECARE® JR

Please fax this completed form to **1-877-293-9145** or email to **elecureorders@abbott.com**

Patient Name: _____

Patient Phone Number: _____

Product (*only these options are available*): ☐ EleCare Infant (SKU#55251 14.1-oz can/Case of 6)

☐ EleCare Jr Vanilla (SKU#56585 14.1-oz can/Case of 6)
(*Vanilla is only available.*)

Amount Needed (*only these options*): ☐ **1 case** *or* ☐ **2 cases** (1 case = 6 cans)

Shipping Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Shipping Address Type: ☐ **Patient Home** *or* ☐ **Hospital**

Office Phone Number: _____

If requested product is unavailable, we will contact you at this phone number.

Office Email: _____

Healthcare Professional Name: _____ NPI Number: _____

Healthcare Professional Signature: _____ Date: _____

☐ **By checking this box, you attest that the patient need has been determined urgent.**

If a patient needs additional product, please re-submit this form.

By submitting this form and your patient's information, you represent and warrant that you've obtained any necessary consents or authorizations from your patient to disclose their information to Abbott Nutrition and its contracted third parties.