Health Care Professional Comment Form

This form is to be used by health care professionals to provide input to be reviewed by Elixir's Quality Management Committee. Please fill out this form and fax to us at 330-405-8081.

If your comments concern a potential medication error, please use the FDA Med Watch Form at http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm.

Your input is valuable to Elixir. All comments, complaints, and/or suggestions will be reviewed upon receipt, corrective actions taken as needed and overseen by Elixir's Quality Management Committee.

Name_____Address_____
Phone_____Email_____

I am a
☐ pharmacist ☐ physician ☐ other health care professional (describe)_____

Comments/Complaints/Suggestions (please be specific)_____

Thank you for your input.

Internal use only: Once form is received, please email to Clinical Quality at qualitymanagement@elixirsolutions.com.