

Pfizer Inc.

66 Hudson Boulevard East
New York, NY 10001



[Email completed form to: PISupplyContinuity@pfizer.com](mailto:PISupplyContinuity@pfizer.com)

***Email must be received from the Electronic Signature Email Address listed below**

For questions contact the Supply Continuity Team at 1-844-646-4398 (select option 1 [Customer], then option 3 [Supply

MEDICAL REQUEST FORM		
Date Request Submitted (MM/DD/YYYY)		
Product Description and NDC		Product Needed
Bicillin™ L-A (penicillin G benzathine injectable suspension) 1.2 million Units/2 mL (600,000 units/mL) PFS		
Bicillin™ L-A (penicillin G benzathine injectable suspension) 2.4 million Units/4 mL (600,000 units/mL) PFS		
Healthcare Information Section		
Healthcare Facility's Name		
Healthcare Facility's Contact Name		
Healthcare Facility's Phone Number		
Healthcare Facility's Address		
Healthcare Facility's DEA Number or HIN Number		
Healthcare Facility's Pfizer Customer Number		
Healthcare Facility's Primary Wholesaler: Name and City		
Patient Need Section		
Do NOT include patient information		
This request is to be used for confirmed congenital and risk of congenital syphilis patients only. (Please seek alternative treatments If Product Needed is checked "No")		Yes No
Does the Physician or treating Healthcare Professional understand the product is in critically short supply and may become unavailable at any time?		Yes No
This product is necessary for the patient and there are no immediate suitable alternatives.		Yes No
Is your primary wholesaler stocked out?		Yes No
Are you able to obtain product within the hospital system?		Yes No
Current quantity on hand? (number of Syringes)		
Number of Syringes needed? (Please note this product ships in a 10-pack)		
How many active patients do you have in need of this product?		
What is date the product is needed by? (MM/DD/YYYY)		
Please provide a Purchase Order Number for the order.		

Expedited Overnight Shipping Section	
All customers requesting expedited overnight shipments will incur a \$25 handling fee plus applicable shipping charges (shipping charges subject to change dependent on weight and shipping time requested).	
Would you like expedited overnight shipping?	Yes No
If yes, do you approve \$25 S&H Fee + a variable fee based on the weight of the shipment?	Yes No
Additional Comments	
Authorization Section	
*Treating Health Care Provider or Director of Pharmacy (or above) Electronic Signature (<i>Typing your name in this form is considered your electronic signature</i>)	
*Treating Health Care Provider or Director of Pharmacy (or above) Email Address	

Requests will be reviewed and filled in the order they are received and only with the required documentation. Each additional 10-pack need will require a separate form filled out and emailed.

Please note: Refrigerated products are shipped using a 2-day transit method, meaning they will arrive two days after they leave our facility. Orders placed on Thursday or Friday will ship on the following Monday. Expedited overnight shipping is available for a \$25 shipping and handling fee plus a variable fee based on the weight of the shipment. The cut-off time for all expedited overnight requests is 3 p.m. (CT).