

**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 (NDC 60793-0701-10)			
Bicillin® L-A (penicillin G benzathine injectable suspension) 2.4 million Units/4 mL (600,000 units/mL) PFS (NDC 60793-702-10)			
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			
Healthcare Facility's Contract to order from (WAC, GPO, 340b)	WAC	GPO	340b
Patient Need Section			
<b>Do NOT include patient information</b>			
<b>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")</b>	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 (Typing your name in this form is considered your electronic signature)	
*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).***