

# ISOTANE PATIENT PAMPHLET REQUEST FORM

Please fill in details below and fax to: 0800 620 620

Alternatively, email your request to: [info@mylan.co.nz](mailto:info@mylan.co.nz)

Healthcare Professional Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Message: