

Similac®

Multiple Birth Program: Complimentary Product Form

Congratulations on the birth of your multiples! Abbott Nutrition, the makers of Similac® infant formulas, is pleased to offer a complimentary product sample to parents of twins, triplets, and up. **Please complete all sections and mail this form in with a copy of each baby's birth certificate or hospital records of live birth (do not send in original birth certificates or hospital records of live birth as they will not be returned).** We suggest waiting to send in your completed form until you and your babies' doctor have settled on the best formula to meet your babies' ongoing needs. Offer expires when babies reach 1 year of age. Limit 1 request per family. Fill in all fields. **Please print.**

Physician-recommended Formula:



FOR SUPPLEMENTATION	ROUTINE FEEDING			SENSITIVE TUMMIES			FOOD ALLERGIES	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Similac® for Supplementation	Similac Pro-Advance™	Similac® Organic	Similac® NeoSure®	Similac Pro-Sensitive™	Similac® Soy Isomil®	Similac® for Spit-Up	Similac Pro-Total Comfort™	Similac® Alimentum®

Required Information (Fields marked with an asterisk (*) are required.)

Hospital Name*: _____
Physician Name: _____, Nurse Name: _____

Parent/Guardian (one request per household):

Name*: _____, Street (No P.O. Boxes)*: _____
City*: _____, State*: _____, Zip Code*: _____
Telephone*: (_____) _____, E-Mail Address: _____
Are you 18 years of age or older?* Yes No

Babies:

Twins Triplets Other (specify number of babies)* _____ Birth Date*: _____
Baby Names: _____
Were your babies admitted to the Neonatal Intensive Care Unit (NICU)?* Yes No

About Your Family:

Are you interested in receiving exclusive coupon offers,† getting expert tips about caring for your multiples, and learning more about Similac infant formulas from www.similac.com?* Yes No
Would you like to receive communication about our partners?* Yes No

Remember: Forms sent without copies of birth certificates or hospital records of live birth, or missing required information will not be processed.

Questions? Call 1-800-227-5767

Monday through Friday
8:30 am–5:00 pm EST
TM # _____
(to be filled out by Abbott Nutrition)

Parent/Guardian Signature*: X _____ Date*: _____

Abbott cares about my privacy. I agree that the information I've provided may be used only by Abbott and its contracted parties to mail (and email) me helpful information on my stage of pregnancy, baby feeding & nutrition, and marketing materials and promotional offers about related products and services. I understand that Abbott will not sell or transfer my name or contact information to any third party for their marketing use.

For any questions or to opt out of Similac StrongMoms at any time, please contact 1-800-232-7677. A copy of the Abbott privacy statement may be obtained by visiting www.Similac.com or calling 1-800-232-7677.

† Offers may vary.
Abbott Nutrition is not responsible for the security of any information provided.

