



# SIMILAC® STRONGMOMS® PREMATURE NUTRITION PROGRAM

## ORDER AND ENROLLMENT FORM

### PRODUCT SELECTION

Check One	Product	Item Number	Unit Size(s)
	Similac® Human Milk Fortifier Powder – CASE	54598	3 cartons, 50 packets/carton
	Similac® Human Milk Fortifier Powder – CARTON	54598p50	1 carton, 50 packets/carton
	Similac® Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid – CASE <b>(One-time order. Not eligible for re-order by patient.)</b>	63010	1 case, 144 packets/case
	Similac® Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid – CASE <b>(One-time order. Not eligible for re-order by patient.)</b>	63010	2 cases, 144 packets/case
	Similac® Special Care® 20 – CASE	56265	48 – 2 fl oz RTF* bottles
	Similac® Special Care® 24 – CASE	67446	48 – 2 fl oz RTF* bottles
	Similac® Special Care® 24 High Protein – CASE	56271	48 – 2 fl oz RTF* bottles
	Similac® Special Care® 30 – CASE	67448	48 – 2 fl oz RTF* bottles
	Similac® NeoSure® Ready-to-Feed	67442	48 – 2 fl oz RTF* bottles
	Similac® NeoSure® Powder	5743076e	13.1 oz can (yields 87 fl oz)



### HEALTHCARE PROFESSIONAL INFORMATION

Healthcare Professional Name: \_\_\_\_\_ HCP Signature: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*To complete this order for a FREE specialty infant nutrition product, fax this form to 614-245-5643. The parent/legal guardian and healthcare professional will receive an email when the specialty product has been shipped. Product will arrive at family's address within 3-5 business days.*

### PATIENT INFORMATION—TO BE COMPLETED BY PARENT/GUARDIAN (ONE FORM PER PATIENT, INCLUDES MULTIPLES)

Baby Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Level of Prematurity:       34–36 weeks       32–33 weeks       28–31 weeks       <28 weeks

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Enrollment in Similac StrongMoms Program: By submitting this form, I agree that the information I have provided may be used by Abbott and its contracted third 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. 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 [Similac.com](http://Similac.com) or calling 1-800-232-7677.

\* Ready to Feed.

**FOR QUESTIONS OR ADDITIONAL INFORMATION ON THIS PROGRAM,  
PLEASE CALL ABBOTT STORE CUSTOMER SERVICE AT 1-800-258-7677.**