



SIMILAC® PREMATURE NUTRITION DISCHARGE PROGRAM

ORDER FORM

PATIENT INFORMATION—COMPLETE ONE FORM PER PATIENT (INCLUDES MULTIPLES)

Baby Name: _____ Birthdate: _____

Level of Prematurity: >37 weeks 34–36 weeks 32–33 weeks 28–31 weeks <28 weeks

Parent/Care Provider's Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

By checking this box, parent or legal guardian agrees to receive **FREE** samples, special offers and information from Similac StrongMoms NeoSure program.* Checking this box is not required to participate in Similac's Premature Discharge Program.

For terms and conditions, visit Similac.com/StrongMoms.



PRODUCT SELECTION

Check One	Product	Item Number	Unit Size(s)
<input type="checkbox"/>	Similac® Human Milk Fortifier Powder – CASE	54598	3 cartons, 50 pouches/carton
<input type="checkbox"/>	Similac® Human Milk Fortifier Powder – CARTON	54598p50	1 carton, 50 pouches/carton
<input type="checkbox"/>	Similac® Human Milk Fortifier Hydrolyzed Protein Concentrated Liquid - CASE (One time order. Not eligible for re-order by patient.)	63010	144 pouches/case
<input type="checkbox"/>	Similac® Special Care® 20 – CASE	56265	48 – 2 fl oz RTF [†] bottles
<input type="checkbox"/>	Similac® Special Care® 24 – CASE	56269	48 – 2 fl oz RTF [†] bottles
<input type="checkbox"/>	Similac® Special Care® 24 High Protein – CASE	56271	48 – 2 fl oz RTF [†] bottles
<input type="checkbox"/>	Similac® Special Care® 30 – CASE	56312	48 – 2 fl oz RTF [†] bottles



HEALTHCARE PROFESSIONAL INFORMATION

Healthcare Professional Name: _____ Signature: _____

Institution: _____ Phone Number: _____

Address 1: _____

Address 2: _____ Email: _____

City: _____ State: _____ Zip Code: _____

ORDER INFORMATION (ORDER TO BE PLACED BY HEALTHCARE PROFESSIONAL)

- 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 patient's address within 3-5 business days.

For questions or additional information on this program, please call Abbott Store Customer Service 1-800-258-7677.

* Offers may vary.

† Ready to Feed.

Abbott cares about my privacy. I agree that the information I've provided may be used only 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. 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 HYPERLINK "http://www.Similac.com" www.Similac.com or calling 1-800-232-7677.

