



Health Care Professional Comment Form

This form is to be used by health care professionals to provide input to be considered by Elixir’s Quality Management Committee. Please fill out this form and fax to us at 833-359-0003. If your comments concern a potential medication error, please use the FDA Med Watch Form at <http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm>.

Elixir’s Quality Management Committee will consider all input provided herein at the next meeting of the Quality Management Committee, time permitting. Your input is valuable to Elixir and the Quality Management Committee will consider all information provided herein at the earliest time practical.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

I am a  
 pharmacist  physician  other health care professional (describe) \_\_\_\_\_

Comments/Remarks/Suggestions (please be specific) \_\_\_\_\_  
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Thank you for your input.