COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

8783

FDA will take every possible step to insure that you are kept abreast of new information as soon as it can be gathered and analyzed.

For your convenience, an adverse reaction For your convenience, an adverse reaction FDA will forward a supply of forms to each practicing physician as soon as they are printed. Facsimile forms are acceptable.

DRUG EXPERIENCE REPORT (IN CONFIDENCE)		Form Approved OMB No. XXXXXXX	
FIENT INITIALS (Optional)			DATE OF REACTION ONSET
			ALL OF REACTION ONSET
PECTED REACTION(S)			
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PECTED DRUG(S); TRADE/GENERIC NAME (Manufacturer's name,	if possible)		
	possiole)		
RDER OR REASON FOR USE OF DRUG(S) (Optional)	ROUTE	T	
	INCO I E	TOTAL DAILY	DATES OF ADMINISTRATION
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