

<b>Adverse Event Report</b>	
Relationship to the patient	
Patient's Initials/ Gender/Age	
Product name	
Indication (reason) for which you are taking the product	
Dosage/Strength/Route of administration	
Description of the adverse event (s) (symptoms, diagnosis, medical condition).	
Outcome of the event (recovered, ongoing, worsening, resolving, etc.)	
Do you take other medications? If yes, please provide names.	
Medical history (including allergies, current or historical medical conditions)	
Do you authorize us to contact you for more details regarding this adverse event?	
If yes, please provide your name and e-mail address (preferred) or phone number.	

Please send the document to: [medinfo@pendopharm.com](mailto:medinfo@pendopharm.com)



Pendopharm, Division of Pharmascience Inc.