



Please take a few moments to answer the following questions to receive your **FREE PAMPERING KIT and PATIENT KIT/BROCHURE**

1. Do you see patients who pay out of pocket for their diabetes supplies? \_\_\_ Yes \_\_\_ No

2. What percent of these patients are: \_\_\_ UNINSURED \_\_\_ INSURED

3. If you have patients in need of a more affordable way to buy supplies, are you interested in providing more information about American Diabetes Wholesale brochures to them (via our FREE Patient Kit)? \_\_\_ Yes \_\_\_ No

4. If you selected "No" above, can you please explain why?

5. Comments/Suggestions:

**PLEASE FILL OUT ALL REQUIRED (\*) FIELDS**

**FIRST NAME\*:** \_\_\_\_\_

**LAST NAME\*:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS\*:** \_\_\_\_\_

**CITY\*:** \_\_\_\_\_

**STATE\*:** \_\_\_\_\_

**ZIP CODE\*:** \_\_\_\_\_

**PHONE NUMBER\*:** \_\_\_\_\_

**EMAIL ADDRESS\*:** \_\_\_\_\_

**Privacy:** We will not sell, share or rent your personal information, including your email address, with anyone.

**THANK YOU FOR YOUR SUPPORT**

*\* Please fill out all of the required fields. Save this document in your computer and send it to [Service@AmericanDiabetesWholesale.com](mailto:Service@AmericanDiabetesWholesale.com)]*