

Complete and return this form to us in person, by mail or fax to 1(866) 912-2830.

[illegible]

Please return your completed form and copies of any documentation to:

**PharmPix c/o Quality Department  
2 Street 1 Suite 500  
Guaynabo PR 00968**

**OUTCOME**

As a result of making this complaint, is there any outcome you would like? ☐ YES ☐ NO

If yes, please provide details:

---

---

---

---

---

---

---

---

---

---

---

---

<hr/> <hr/> <hr/>	
<hr/> Signature	<hr/> Date

By filling out this form, you are providing us with necessary information to continually maintain our high standards. We will make every effort to respond within 30 days, whenever possible.

Please return your completed form and copies of any documentation to:

**PharmPix c/o Quality Department  
2 Street 1 Suite 500  
Guaynabo PR 00968**



