



Fresenius Medical Care

Dear Home Patient;

I would like to take this opportunity to introduce myself. My name is **Michele Loeper**. I have been designated as your Health Care Representative. I will be responsible for placing all of your orders for your home dialysis supplies. I will also work very closely with your Nurse at your dialysis clinic to coordinate the delivery of your products.

I am enclosing several items in this packet that will help you become more familiar with the new services that Fresenius will be providing for you:

- A "Things I Need" notepad which you can use to write down your inventory each month.
- A delivery calendar. This includes both the dates that I will be calling you to get your inventory and the day that you can expect your delivery each month.
- A copy of "The Fresenius Home Delivery Handbook" which will provide you with some useful information about our company and the service we will provide to you.

My hours are 7:00 a.m. to 4:00 p.m. Central Time Zone and I take lunch each day from 11:30 p.m. to 12:30 p.m. In the event you call and I am unavailable, please leave me a voicemail and I will return your call as soon as possible. I can be reached at **1-800-323-5188, dial 1, then dial extension 6617.**

Please feel free to contact me with any questions, comments or suggestions you may have. I look forward to speaking with you soon.

Sincerely,

Michele Loeper
Senior Patient Representative
Fresenius Medical Care, NA

Fresenius Medical Care-NA

Dialysis Products Division

2003

Delivery Calendar

800-323-5188

Customer Name:
Account Number:

NORMA ROBBINS
2048807

Your Designated CSR's Name:
Toll Free Phone Number:
Direct Extension to Your CSR:

MICHELE LOEPER
1-800-323-5188
6617

July-03						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
					4th of July	
6 D	7	8	9	10	11	12
13 A	14	15	16	17	18	19
20 B	21	22	23	24	25	26
27 C	28	29	30	31		

August-03						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3 D	4	5	6	7	8	9
10 A	11	12	13	14	15	16
17 B	18	19	20	21	22	23
24 C	25	26	27	28	29	30
31 D						

September-03						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
D	1 Labor Day	2	3	4	5	6
7 A	8	9	10	11	12	13
14 B	15	16	17	18 Place Order	19	20
21 C	22	23	24	25	26 Delivery	27
28 D	29	30				

October-03						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 Place Order	3	4
5 A	6	7	8	9	10 Delivery	11
12 B	13	14	15	16 Place Order	17	18
19 C	20	21	22	23	24 Delivery	25
26 D	27	28	29	30 Place Order	31	

November-03						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2 A	3	4	5	6	7 Delivery	8
9 B	10	11	12	13 Place Order	14	15
16 C	17	18	19	20	21 Delivery	22
23 D	24	25	26	27 Call Date TBD Thanksgiving	28	29
30 A						

December-03						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Delivery	6
7 B	8	9	10	11 Place Order	12	13
14 C	15	16	17	18	19 Delivery	20
21 D	22	23	24	25 Call Date TBD Christmas	26	27
28 A	29	30	31			

Delivery = Regular Scheduled Delivery Date

Place Order = Patients - Fresenius will call you for your Order. Facilities - Your order should be sent to Fresenius

Del TBD = Normal Delivery Date falls on a Fresenius Holiday and will be rescheduled.

Call Date TBD = Your normal *Place Order* date falls on a Fresenius Holiday and will be rescheduled.

Ship To: 2048807

NORMA L ROBBINS
 8400 WEST CR 400 SOUTH
 YORKTOWN IN 47396
 Tel: 765 759 9331
 DR. JOSEPH HASLITT
 RX # 40093771
 USE AS DIRECTED

Delivery No: 82905816
 Del. Due Date: 10/24/2003
 Order No: 2345144 10/16/2003
 Reference No: ROBBINS
 Shipped From: Perrysburg 5140
 Terms: FOB
 Carrier:
 Customer Service: MICHELE LOEPER X6617
 Service Phone No:

Delivery Notes:

ship fmc for inside delv 10/24 call first terri/michelle x6617

Item	Material Description	Vendor#	Qty
010	029-03001 DEL CLAMP Item Notes: Batch: 3KR095		3.000 BG
020	057-20222 PREMIER 2.5% DEX. LM/LC 2L, 5-PK Item Notes: Batch: 3JU107 Exp. Date: 01/31/2005		5.000 CS
030	057-20224 PREMIER 4.25% DEX. LM/LC 2L, 5-PK Item Notes: Batch: 3JU044 Exp. Date: 01/31/2005		3.000 CS

You have the right to know about the proper use of your medication and its effects. If you need more information, please contact the Pharmacist directly by calling 24 hours a day toll free at 1-866-577-8632. If the pharmacist is unavailable, please leave a message including your name and phone number with the area code. The pharmacist will return your call promptly. This merchandise has been carefully checked against your Doctor's prescription. It is very important that immediately upon receipt of this shipment you carefully check each item and read each label. If there is any discrepancy, notify your Customer Service Representative at 1-800-323-5188.



Ship To: 2048807

NORMA L ROBBINS
8400 WEST CR 400 SOUTH
YORKTOWN IN 47396
Tel: 765 759 9331
DR. JOSEPH HASLITT
RX # 40093771
USE AS DIRECTED

Delivery No: 82927510
Del. Due Date: 11/07/2003
Order No: 2363935 10/30/2003
Reference No: ROBBINS
Shipped From: Perrysburg 5140
Terms: FOB
Carrier:
Customer Service: MICHELE LOEPER X6617
Service Phone No:

Delivery Notes:

INS DLVRY ON 11/7 VIA FMC - RSD - CALL FIRST -
MARCUS FOR MICHELE X6617

Item	Material Description	Vendor#	Qty
010	057-20221 PREMIER 1.5% DEX. LM/LC 2L, 5-PK Item Notes: Batch: 3LU204 Exp. Date: 03/31/2005		7.000 CS

You have the right to know about the proper use of your medication and its effects. If you need more information, please contact the Pharmacist directly by calling 24 hours a day toll free at 1-866-577-8632. If the pharmacist is unavailable, please leave a message including your name and phone number with the area code. The pharmacist will return your call promptly. This merchandise has been carefully checked against your Doctor's prescription. It is very important that immediately upon receipt of this shipment you carefully check each item and read each label. If there is any discrepancy, notify your Customer Service Representative at 1-800-323-5188.



Ship To: 2048807

NORMA L ROBBINS
8400 WEST CR 400 SOUTH
YORKTOWN IN 47396
Tel: 765 759 9331
DR. JOSEPH HASLITT
RX # 40093771
USE AS DIRECTED

Delivery No: 82927357
Del. Due Date: 11/07/2003
Order No: 2363935 10/30/2003
Reference No: ROBBINS
Shipped From: Perrysburg 5140
Terms: FOB
Carrier:
Customer Service: MICHELE LOEPER X6617
Service Phone No:

Delivery Notes:

INS DLVRY ON 11/7 VIA FMC - RSD - CALL FIRST -
MARCUS FOR MICHELE X6617

Item	Material Description	Vendor#	Qty
010	029-03001 DEL CLAMP Item Notes: Batch: 3KR230		3.000 BG
020	057-20222 PREMIER 2.5% DEX. LM/LC 2L, 5-PK Item Notes: Batch: 3KU119 Exp. Date: 02/28/2005		4.000 CS

You have the right to know about the proper use of your medication and its effects. If you need more information, please contact the Pharmacist directly by calling 24 hours a day toll free at 1-866-577-8632. If the pharmacist is unavailable, please leave a message including your name and phone number with the area code. The pharmacist will return your call promptly. This merchandise has been carefully checked against your Doctor's prescription. It is very important that immediately upon receipt of this shipment you carefully check each item and read each label. If there is any discrepancy, notify your Customer Service Representative at 1-800-323-5188.

Ship To: 2048807

NORMA L ROBBINS
8400 WEST CR 400 SOUTH
YORKTOWN IN 47396
Tel: 765 759 9331
DR. JOSEPH HASLITT
RX # 40093771
USE AS DIRECTED

Delivery No: 82949792
Del. Due Date: 11/21/2003
Order No: 2383195 11/13/2003
Reference No: ROBBINS
Shipped From: Perrysburg 5140
Terms: FOB
Carrier:
Customer Service: PATTI ANDERSON X6617
Service Phone No:

Delivery Notes:

ship fmc for inside delv 11/21 call first terri/patti x6617

Item	Material Description	Vendor#	Qty
010	030-00100 PLASTIC OCCLUDING CLAMP (PD USE) Item Notes:		4.000 EA
020	057-20222 PREMIER 2.5% DEX. LM/LC 2L, 5-PK Item Notes: Batch: 3LU022 Exp. Date: 03/31/2005		7.000 CS
030	057-20224 PREMIER 4.25% DEX. LM/LC 2L, 5-PK Item Notes: Batch: 3KU021 Exp. Date: 02/28/2005		8.000 CS

You have the right to know about the proper use of your medication and its effects. If you need more information, please contact the Pharmacist directly by calling 24 hours a day toll free at 1-866-577-8632. If the pharmacist is unavailable, please leave a message including your name and phone number with the area code. The pharmacist will return your call promptly. This merchandise has been carefully checked against your Doctor's prescription. It is very important that immediately upon receipt of this shipment you carefully check each item and read each label. If there is any discrepancy, notify your Customer Service Representative at 1-800-323-5188.