

**Date:** [Insert Date]

**To:** Medical Information Department

**Company:** [Insert Pharmaceutical Company Name]

**Product:** [Insert Product Name]

**Subject:** Request for Peer-Reviewed Literature Supporting Off-Label Use

Dear Medical Information Team,

I am a licensed healthcare professional writing to request specific clinical information regarding the use of [Insert Product Name] for the treatment of [Insert Condition/Indication].

I am aware that this specific indication is not currently approved by the FDA/Regulatory Authority. However, I am seeking peer-reviewed literature and clinical trial data to support evidence-based clinical decision-making for a patient under my care.

Please provide the following, if available:

- Published phase II or III clinical trial results.
- Peer-reviewed observational studies or retrospective analyses.
- Relevant treatment guidelines or consensus statements from professional medical societies.
- Safety and efficacy data specific to the [Insert Patient Population, e.g., pediatric/elderly] for this indication.

Please send the requested documentation via email to [Insert Email Address] or by mail to the address listed below.

Thank you for your assistance in providing this scientific information.

Sincerely,

[Signature]

[Full Name, Degree]

[Title]

[Facility/Practice Name]

[Phone Number]

[Email Address]