

FREE SAMPLES

YOU MUST BE A LICENSED PRACTITIONER WHO CAN LEGALLY PRESCRIBE IN YOUR STATE TO REQUEST AND RECEIVE DRUG SAMPLES

1. PRINT FORM AND FILL OUT COMPLETELY

- **All information must be provided for request to be processed**
- **Original signature - No signature stamps**

2. SEND COMPLETED FORM TO: Sample Department by either fax or email

Fax#: (781) 843-7932

Email: Naftinsamples@sebelapharma.com

3. QUESTIONS? Please call Sebela Pharmaceuticals Inc. at: (800) 874-6756

Note: Please fill in all of the requested information. According to Federal Law, no drug samples can be sent if any information is missing on this form.



Date _____

Practitioner's Name (Please print) _____

Office Address _____

(Cannot ship to P.O. box)

City _____ State _____ Zip _____

Office Tel. # _____ Practitioner's Specialty _____

Practitioner's Signature _____ State License # _____

(No stamps please)

Professional Designation: (Please check one) MD DO NP PA DPM

SAMPLE AUTHORIZATION: By signing this sample request form, I certify that I am a licensed practitioner who can legally prescribe in my state. I am requesting the above sample(s) from Sebela Pharmaceuticals Inc., for the medical requirements of my patients.

OHIO LICENSED HEALTHCARE PROFESSIONALS: By signing this sample request form, I certify that the entity/practice location at which I am receiving drug samples either has a valid Ohio Terminal Distributor of Dangerous Drugs (TDDD) license or is exempt from the TDDD licensing requirement under one of the exemptions listed in ORC 4729.541.