

## 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

**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.