

## Sample Request Form

<b>Practitioner First Name</b>		<b>Practitioner Last Name</b>		<b>Professional Designation</b>	
<b>Street Address</b>				<b>Suite Number</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>State License Number</b>		<b>Office Phone Number</b>		<b>Office Fax Number</b>	
<b>Office Contact Name</b>			<b>Office Email Address</b>		
<b>NDC</b>	<b>Product Description</b>		<b>Size and Quantity</b>		<b>Selection (x)</b>
55494-100-99	<b>Diclegis<sup>®</sup></b> (doxylamine succinate and pyridoxine hydrochloride) delayed-release tablets 10mg/10mg *		TWENTY FOUR (12ct / sample bottles)		

\*Manufactured by Duchesnay, Inc.

**Instructions:**

To receive the sample product you must be a licensed prescriber with a valid state license who can legally request and receive prescription drug samples within your state. Follow these instructions to place your request for samples.

Please note that requested drug samples cannot be shipped to you if any information is missing from this form. If no product samples are selected, the sample request will not be processed.

1. Complete your full name, professional designation, office shipping address, state license number, and telephone number on this form.
2. Sign your name and provide the date of request where indicated below. The listed practitioner's signature is required – NO signature stamps may be used, or designee signatures on this request.
3. Fax the completed form (cover sheet not necessary) to: **973-644-2386**

*I certify that I am a licensed practitioner and am eligible to request and receive prescription drug samples. I am requesting the following prescription samples from Duchesnay USA, Inc. for the medical requirements of my patients and acknowledge these samples cannot be sold, traded, bartered, or returned for credit.*

<b>PLEASE SIGN AND DATE TO RECEIVE SAMPLES</b>	
X _____ <b>Practitioner's Original Signature (please sign your name here)</b>	DATE _____