

Arbor Pharmaceuticals, Inc. Sample Request Form

In order to request the prescription drug samples listed below, please complete this form and fax it back to the fulfillment center at the following fax number: 866-468-2420

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

State License Number: _____ Email: _____

A COPY OF THE PRESCRIBER'S CURRENT VALID LICENSE IS REQUIRED

Date of Request					

Specialty		

Professional Designation				
MD	DO	NP	PA	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

S A M P L E I N F O	NDC #	Product Description	Unit	Unit Requested (Limit: 3 per product)
	24338-711-02	ZINOTIC®	1x3	
	24338-810-01	NEOTIC®	1x3	
	24338-620-01	XYLAREX™	1x4	
	24338-722-01	ZINOTIC® ES	1x3	

All products listed above are manufactured for Arbor Pharmaceuticals, Inc.

Practitioner's Signature

I hereby request prescription samples for the medical needs of my patients. I certify that I am currently licensed with the appropriate state authorities to request, receive and prescribe the samples indicated on this receipt. I understand that I may not sell, barter, trade or seek reimbursement for the drug samples listed above.

PLEASE FAX COMPLETED FORM AND CURRENT COPY OF MEDICAL LICENSE TO: 866-468-2420