Request for Prescription Samples

PROMIUS® PHARMA

ATTENTION PRACTITIONER: PLEASE FILL IN ALL BLANK FIELDS TO ENSURE SAMPLE DELIVERY

Deliver To:

State License #:_____

Practitioner Name:_____
(please print) *Last* *Middle* *First*

Address:_____

City:_____

State:_____Zip:_____

Phone #:_____Fax #:_____

Office Contact Person:_____

Instructions for Requesting Practitioner Sample Product:

1. Practitioner listed must **SIGN, SELECT PROFESSIONAL DESIGNATION** and **DATE** the form
2. **Return form:** Fax form to 1-800-233-9141 or Email form to promiuspharma@knipper.com If you have any questons please call 1-800-920-0850.
3. No P.O. Boxes, please
4. If address is incorrect, please update:

_____

_____

You will receive the following prescription samples:

NDC# (for office use only)	DESCRIPTION name, strength, size (qty/pkg)	QUANTITY (Check only one)
67857-806-33	Trianex® 0.05% (Triamcinolone Acetonide Ointment, USP) 14g	☐ 1 ☐ 2 ☐ 3 ☐ 4

By signing and returning this form, you acknowledge that you are currently licensed with the appropriate state and federal authorities to receive this product and would like Promius Pharma to provide you with complimentary samples of the above items.

SIGN & DATE HERE

X _____
Practitioner Signature (REQUIRED; no signature stamps please)

Date of Signature (REQUIRED)

☐ MD ☐ PA ☐ DO ☐ Other _____ please specify ☐ NP
Professional Designation (REQUIRED; check one)

I requested the Rx items indicated for the medical needs of my patients and may not charge my patients or third party provider, including Medicare or Medicaid, for these items. Sample shipments are made subject to product availability and regulated by state and federal law. Samples are not for sale. Samples Manufactured for PROMIUS PHARMA. Distributed by J. Knipper and Company, Inc.

Please visit www.trianexointment.com for a copy of the full Prescribing Information.

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December 2017 Printed in USA