



(lidocaine HCl jelly, USP) 2%



SAGENT® Urology

GLYDO Sample Order Fulfillment

Fax #: 1-847-908-1888

Your shipment of professional samples can be sent only to your office address. *Please note: In compliance with Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.*

Practitioner Name _____

Professional Designation MD DO PA NP Specialty _____
(Check One)

Phone Number _____ Fax Number _____

Email _____

Address _____
(Please provide your office street address; samples will not be issued or delivered to a PO box.)

City _____ State _____ ZIP _____

Sample Product Request	Product Description	Quantity
<input type="checkbox"/> NDC 25021-673-77	GLYDO 11 mL single-use prefilled syringe	10 syringes (1 box)

Manufacturer: Klosterfrau Berlin GmbH

Authorized Distributor: Sagent Pharmaceuticals

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, prescribe, and dispense these drug samples. I certify that I have requested these samples for legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Practitioner Signature _____ Date _____
(Authorized practitioner signature—no stamped signatures allowed)

State License Number _____ Exp. Date _____

By submitting this sample request form, I agree that the information I am providing may be used by SAGENT®, its affiliates or vendors to keep me informed via email about new products or other opportunities that may be of interest to me, as they become available. This information will be used in accordance with the SAGENT Privacy Policy, available at <http://www.sagentpharma.com/privacy-notice.html>. I can stop SAGENT from sending me future GLYDO-related communications by clicking on the "unsubscribe" link, which will be available in future emails.

OHIO ONLY – In addition to the above certification, my signature attests that I received the State of Ohio Board of Pharmacy required notice (provided as addendum), and confirms that I may lawfully possess, sell, distribute or deliver dangerous drugs since I (please see reverse side and check the appropriate response prior to signing):

_____ Currently meet requirements under Ohio law (ORC 4729.51; see addendum), and am authorized by law to prescribe dangerous drugs in the course of my individual professional practice or hold a Terminal Distributor of Dangerous Drugs license;

OR,

_____ Meet one of the licensing exemptions under Ohio Revised Code § 4729.541, including, but not limited to: 1) sole proprietorship; or, 2) business practice with a sole shareholder; or, 3) dentist licensed by the Ohio Dental Board.

OHIO TDDD# _____