

SAMPLE REQUEST FAX FORM

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	
			(Check One)
Specialty			
Phone Number		Fax Number	
Email			
Address			
(Please p	provide your office street address; sample	es will not be issued or delivered	to a PO box.)
City		StateZIF)
Sample Product Request	Product Description		Quantity
NDC 25021-673-77	GLYDO 11 mL single-use pref	illed syringe	10 syringes (1 box)
Manufacturer: Klosterfrau Berlin GmbH Authorized Sample Distributor: QPharma	a, Inc.		
and state law to request, receive, prescrineeds of my patients. I understand that the	amples listed herein and certify that I am a ibe, and dispense these drug samples. I o ne sale or offer to sell a drug sample is a fe is and I will not sell, resell, trade, barter, ret	certify that I have requested the deral offense. I certify that I will r	ese samples for legitimate medical not seek payment from any patient
Physician Signature		Date	
(Authoriz	ed physician signature–no stamped signa	atures allowed)	
State License Number	te License Number Exp. Date		
	form, I agree that the information email about new products, service		

vendors to keep me informed via email about new products, services, special offers, 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.

