

Sample Request Form

Product Number:	Product Description:	Unit Quantity (one box per product):
71776-001-03	FRESHKOTE Preservative-Free (PF) Lubricant Eye Drops 5 – 0.3mL Single-Use Vials	1 carton (12 samples) 2 cartons (24 samples)

Practitioner Last Name	Suffix	First Name	MI
State License Number:	Professional Designa	ation:	
Office Contact Name:	Of	fice Email Address:	
Office Phone Number:	Of	fice Fax Number:	
Address Line 1:			
Address Line 2:			
City:		State:	Zip:

Instructions:

To receive the sample product at no charge you must be a licensed practitioner who can legally prescribe in 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.

- 1. Confirm that your full name, shipping address, telephone number and state license number are printed correctly on this form.
- 2. Sign your name and provide the date of request where indicated below. A Practitioner's signature is required; **No signature stamps.**
- 3. Fax the completed form (cover sheet not necessary) to: 614-553-5891
- 4. If you have any questions concerning this form or requesting samples, please contact our service center at 888-831-2336 or Eyevancesamples@cardinalhealth.com

Approved Licensed Practitioner's Signature:	Date:	
I certify that I am a licensed practitioner who can legally prescribe in my state. If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible, in the state in which I am now practicing, to request and receive these samples, and I have my supervising Physicians approval to do so. I am requesting product samples for the evaluation of tolerability and effectiveness of the product in an appropriate patient. I will not sell, trade or barter these samples nor will I request reimbursement from any payer for providing these samples to a patient. I further certify that this is my original signature.		
Ohio Law prohibits individuals from possessing prescription drugs without a terminal distributor of dangerous drugs license ("TDDD license") unless otherwise exempt. Guidance from Ohio State Board of Pharmacy on prescriber licensure can be found at: www.pharmacy.ohio.gov/prescriberTDDD If you or your practice do not possess a TDDD license for the "ship to" address of the requested samples, by signing this form, you attest that you do not require a TDDD license because you or your practice meet one of the exemptions under Ohio Law.		