Mylan

Sample Request Form

Reference# WEB

FAX TO: **Mylan Pharmaceuticals – Attn: Customer Relations**
FAX #: **1-304-285-6418**

Healthcare Professional (HCP) Sample Request Form for:

PRODUCT NAME	ESTABLISHED NAME / STRENGTH	SIZE / UNIT	QTY	CLASS	NDC	ERPID
MUSE®	(alprostadil) Urethral Suppository, 125 mcg	1 box of 6 pouches	1	Rx	0037-8110-06	2010
MUSE®	(alprostadil) Urethral Suppository, 250 mcg	1 box of 6 pouches	1	Rx	0037-8120-06	2020
MUSE®	(alprostadil) Urethral Suppository, 500 mcg	1 box of 6 pouches	1	Rx	0037-8130-06	2030
MUSE®	(alprostadil) Urethral Suppository, 1000 mcg	1 box of 6 pouches	1	Rx	0037-8140-06	2040

You will receive one sample as shown above. While supplies last.

Only one (1) form can be submitted per month.

Healthcare Professional's Name: _____
(Please Print) (First Name) (Middle Initial) (Last Name)

Title: ☐ MD ☐ DO ☐ PA ☐ NP

Address (no PO Box #): _____

City: _____ State: ☐☐ Zip: ☐☐☐☐☐

Phone: ☐☐☐-☐☐☐-☐☐☐☐ Fax: ☐☐☐-☐☐☐-☐☐☐☐

HCP's Signature: _____ Date: ☐☐-☐☐-☐☐
(HCP must sign and date. Stamped signature not accepted.)

I certify that I am a licensed practitioner authorized by state and federal law to prescribe, request and receive these drug samples. I am requesting these samples for the medical needs of my patients and will <u>not</u> offer to, sell, purchase, trade, barter, return for credit, or seek reimbursement for these samples.

HCP's State License # _____ State: ☐☐

In compliance with the "Prescription Drug Marketing Act", ONLY valid, <u>COMPLETED</u>, <u>SIGNED</u>, and <u>DATED</u> Sample Requests will be processed.

In addition, Healthcare Professional or authorized designee must sign, date, and fax Acknowledgement of Contents form to Mylan Pharmaceuticals Inc. upon delivery of sample shipment.

HCP SHIPPING ADDRESS IF DIFFERENT FROM ABOVE:

Address: _____
(no PO Box #)

City: _____

State: ☐☐ Zip: ☐☐☐☐☐

Phone: ☐☐☐-☐☐☐-☐☐☐☐

Mylan Pharmaceuticals Inc. USE ONLY	
Processed by:	Date:
Entered by:	Date:
Order #	
Prescriber #	
Rejected by:	Date:
Reason:	
Sales Rep. Name:	
Signature:	
Territory Number: ☐☐☐☐☐☐	

This sample request form is only valid until 12/31/17. Expired forms will not be processed.

Program subject to change without advance notice.