SAMPLE REQUEST FORM

To receive samples, please print and complete this form in its entirety and mail to contact@carwinpharma.com.

This form must be completed by a licensed healthcare provider with a wet signature, state license number noted, and mailing address.

PLEASE NOTE: In compliance with the Prescription Drug Marketing Act (PDMA) regulations, incomplete request forms cannot be processed and samples will not be forwarded. Your shipment of professional samples may only be sent to your office address.

Practitioner Name:_____Prof. Designation: _____

Office Address: _____

City: _____ State _____ Zip Code _____

Phone:_____Email: _____

STATE LICENSE# & EXP. DATE _____

X_____ DATE: _____

AUTHORIZED PRACTITIONER/PHYSICIAN SIGNATURE (no stamps allowed)

By signing this form for the request of drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense drug samples. I also certify that I have requested these samples for the 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 payer for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

YES, please send (check all that apply) sample trays of:

☐ **Opipza® 2mg** (aripiprazole) oral film 2mg (NDC 15370-401-99)

☐ **Opipza® 5mg** (aripiprazole) oral film 5mg (NDC 15370-402-99)

☐ **CLOTIC®** (clotrimazole) 1% otic solution (NDC 15370-220-99)

SCROLL DOWN

☐ **POKONZA™** (potassium chloride for oral solution, USP) 10 mEq (NDC 15370-305-04)

☐ **POKONZA™** (potassium chloride for oral solution, USP) 15 mEq (NDC 15370-306-04)

☐ **RELAFEN® DS** (nabumetone) 1000 mg Tablet (NDC 15370-170-99)

PLEASE VISIT www.carwinpharma.com for full prescribing information and copay card.