

## SAMPLE REQUEST FORM

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

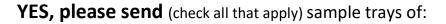
This form must be completed by a licensed healthcare provider with a wet signature, state license number noted, and mailing address.

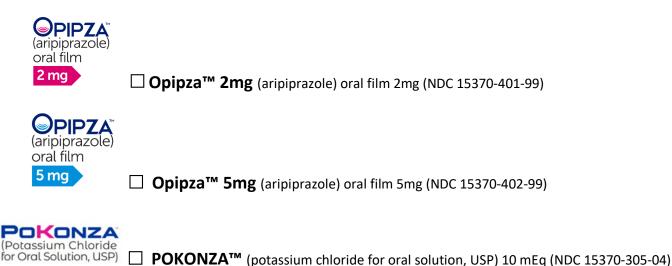
**PLEASE NOTE:** In compliance with the Prescription Drug Marketing Act (PDMA) regulations, <u>incomplete request</u> forms cannot be processed and samples will not be forwarded. Your shipment of professional samples may only be sent to your office address.

Practitioner Name:		Prof. Designation:
Office Address:		
City:	State	Zip Code
Phone:	Email:	
STATE LICENSE# & EXP. DA	TE	
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.





## SCROLL DOWN



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



□ **RYVENT**<sup>™</sup> (carbinoxamine maleate) 6 mg Tablet (NDC15370-130-02)

PLEASE VISIT www.carwinpharma.com for full prescribing information.

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