



265 Davidson Avenue
Somerset, NJ 08873

PHARMACEUTICAL SAMPLES REQUEST FORM

Dear prescriber, to order samples, you may:

- 1) Go to www.medasamples.com
or
- 2) Complete this form and fax it to (800) 868-2690

NAME _____ PROFESSIONAL DESIG. _____

ADDRESS (no PO Boxes allowed) _____

SUITE _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

LICENSE STATE _____ STATE LICENSE# _____ EXPIRATION DATE ____/____/____
MONTH DAY YEAR

PRODUCT NAME	ESTABLISHED NAME / STRENGTH	SIZE / UNIT	QTY (Maximum Of 3 Trays)	CLASS	NDC	ERPID
PreferaOB®	6mg HIP + 22mg PIC + 1mg Folic Acid plus vitamins and minerals	Tray of 5 boxes, 5 tablets each		Rx	68220-084-25	68220-084-25
PreferaOB+DHA®	6mg HIP + 22mg PIC + 200 mg DHA + 1mg Folic Acid plus vitamins and minerals	Tray of 5 boxes, 5 tablets + 5 softgels each		Rx	68220-083-25	68220-083-25
PreferaOB ONE®	6mg HIP + 22mg PIC + 200 mg DHA + 1mg Folic Acid plus vitamins and minerals	Tray of 5 boxes, 5 softgels each		Rx	68220-086-25	68220-086-25

I confirm that I am a licensed practitioner and am requesting the specified Pharmaceutical Sample(s) that will be provided to me at no charge, for the approved use by the patients in my medical practice, and not for sale, trade, barter, reimbursement or return for credit.

PRACTITIONER'S SIGNATURE **X** _____ DATE ____/____/____
MONTH DAY YEAR