

Pharmaceutical Samples and Medical Device Request Form

Control # (Do not fill / Alaven use only)	
--	--

Please complete the physician information, and enter the quantity of samples requested for each product. Sign and fax this request to: (770) 425-4930.

NAME _____ PROFESSIONAL DESIG. _____

ADDRESS (no PO Boxes allowed) _____

FLOOR _____ SUITE _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ FAX NO. _____

LICENSE STATE _____ LICENSE NUMBER _____ EXPIRATION DATE _____ / _____ / _____
MONTH DAY YEAR

NDC	SIZE / UNIT	PRODUCT NAME	STRENGTH	CLASSIFICATION	TYPE	QUANTITY
68220-089-25	Tray of 5 boxes, 5 tabs + 5 softgels each	PreferaOB +DHA™	6mg HIP + 22mg PIC + 200mg DHA + 1mg Folic Acid plus vitamins and minerals	PS	PS	(Max. 6 Trays) <small>v 1.4mb</small>

PS : Pharmaceutical Sample

Pharmaceutical Sample: I, a valid licensed practitioner, confirm that I have requested the specified Pharmaceutical Samples at no charge and in the quantities indicated, for the approved use by the patients in my medical practice, and are not for sale, trade, barter, reimbursement or return for credit.

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

Comments (Do not fill / Alaven use only)	
IMS Number _____	Date Verified _____ / _____ / _____ <small>MONTH DAY YEAR</small>
Authorizing Agent Signature _____	

Samples distributed by: Integrated Rx Solutions, 1155 Charles St., Ste. 165, Longwood, FL

Part No.: 6089-0510L4901a