ALAVEN® PHARMACEUTICAL LLC

200 North Cobb Parkway, Bldg. 400, Suite 482, Marietta, GA 30062

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
68220-088-25	Tray of 5 boxes, 5 tabs each	PreferaOB®	6mg HIP + 22mg PIC + 1mg Folic Acid plus vitamins and minerals	PS	PS	(Max. 6 Trays)

PS : Pharmaceutical Sample

v 1.4mb

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 ____ / ____ / ____
MONTH DAY YEAR

Authorizing Agent Signature ______________

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

Part No.: 6088-0510L4901a