

## Sample Request Form

To receive a sample, please complete this form, sign and date it and fax to (888) 320-0688 or scan document and provide via email to [samples@foundcare.com](mailto:samples@foundcare.com)

Licensed Practitioner's Last, First Name (Required) Professional Designation (Required)

Medical Practice Name (Required) License #(Required) NPI#(Required)

Office Address

City State Zip

Phone Fax

Collaborative Physician's Last, First Name (Required, if applicable) Collaborative Physician's License # (Required, if applicable)

Please check the box to receive a sample of the following.

Check Box	Item Name
<input type="checkbox"/>	2 Samples of Clindesse® (clindamycin phosphate) Vaginal Cream 2%
<input type="checkbox"/>	2 Samples of Evamist® (estradiol transdermal spray) 8.1ml
<input type="checkbox"/>	2 Samples of Gynazole 1® (Butoconazole Nitrate Vaginal Cream USP, 2%)

I certify that I am a licensed practitioner eligible under 1) state law and, 2) my collaborative agreement and/or formulary (if applicable), to prescribe, request, receive and dispense samples of the drugs provided. Furthermore, I have requested these samples for the medical needs of my patients and I acknowledge that they are not for sales, resale, trade, or barter, to be returned for credit or for third party reimbursement. I also acknowledge my name and the samples disbursement I receive may be reported as required by state and federal law.

Licensed Practitioner Signature (Stamped Signatures NOT Accepted)

Date

In compliance with "Prescription Drug Marketing Act" regulations, only sample requests that are signed, dated and include State License numbers will be processed.