



1-888-GELNIQUE www.gelnique.com

Sample Request Fax Form

To receive your complimentary samples of **Gelnique® (oxybutynin chloride) Gel 10%**, complete this form and fax it, along with a copy of your state license, to:

Gelnique® Sample Order Fulfillment FAX #: 1-877-619-5796

Your shipment of professional samples may only be sent to your office address.

Please note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.

PRACTITIONER NAME:				
PHONE #:		FAX #:		
STREET ADDRESS: <i>(Samples will not be issued or delivered to a PO Box; please provide your office street address.)</i>				
CITY:		STATE:		ZIP CODE:
<input checked="" type="checkbox"/> Yes, please send (<i>please circle one</i>) 4, 8, 12 cartons of Gelnique® (oxybutynin chloride) Gel 10%, 1 gram unit-dose sachets . (Each carton contains 7, Gelnique® 1 gram unit-dose sachets.) NDC 52544-0084-30 Manufacturer: Watson Pharma, Inc.				
PROFESSIONAL DESIGNATION (Circle one):				
		MD	DO	NP PA
By signing this form I request the 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 these 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 payor for these drug samples and I will not sell, resell, trade, barter, return for credit or seek reimbursement for any drug sample.				
PRACTITIONER/PHYSICIAN SIGNATURE: _____				DATE: _____
Authorized Practitioner Signature				
STATE LICENSE #: _____		Exp. Date: _____		

