

Sample Request Fax Form

To receive your complimentary samples of **FETZIMA® (levomilnacipran extended-release capsules)** complete this form and fax it, along with a copy of your state license, to:

FETZIMA® Sample Order Fulfillment
FAX #: 1.877.477.1258

Fetzima 
levomilnacipran ER capsules
20 mg ▶ 40 mg ▶ 80 mg ▶ 120 mg

Visit ALLERGANACCESS.com to view Allergan savings programs and brand support resources. No login required.

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 _____ Professional designation (Circle one) MD DO NP PA

Phone number _____ Fax number _____

Address (Samples will not be issued or delivered to a PO box; please provide your office address.) _____

City _____ State _____ ZIP code _____

Product request:	Product description:
<input type="checkbox"/> 5 Patient Sample Packs (Please check one)	FETZIMA® (levomilnacipran extended-release capsules) 2 week Patient Sample Pack (each pack includes [two] 20mg capsules and [twelve] 40mg capsules and a copay card) NDC 0456-2208-28 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 5 1x7 Cards	FETZIMA® (levomilnacipran extended-release capsules) 80 mg capsules (each 1x7 card contains [seven] 80 mg capsules) NDC 0456-2280-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.

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.

Allergan reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s)

Practitioner/Physician signature _____ Date _____

State license number _____ Expiration date _____

Please see full Prescribing Information, including Boxed Warning, available at www.fetzimahcp.com



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