

Sample Request Fax Form

To receive your complimentary samples of
SAPHRIS® (asenapine)
complete this form and fax it to:

Saphris® (asenapine)
sublingual tablets 2.5 mg • 5 mg • 10 mg

SAPHRIS® Sample Order Fulfillment
FAX #: 1.877.477.1258

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:	
(Please check) <input type="checkbox"/> SAPHRIS® (asenapine) Tablets 2.5 mg tablets	5 boxes of 2.5 mg tablets (each box contains 10 [ten] 2.5 mg tablets)	Manufacturer: Catalent Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> SAPHRIS® (asenapine) Tablets 5 mg tablets	5 boxes of 5 mg tablets (each box contains 10 [ten] 5 mg tablets)	Manufacturer: Catalent Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> SAPHRIS® (asenapine) Tablets 10 mg tablets	5 boxes of 10 mg tablets (each box contains 10 [ten] 10 mg tablets)	Manufacturer: Catalent 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.saphrishcp.com.



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