

Sample Request Fax Form

To receive your samples of
ESTRACE® CREAM (estradiol vaginal cream, USP, 0.01%)
complete this form and fax it, along with a copy of your state
license to:

ESTRACE® CREAM Sample Order Fulfillment
FAX #: 1.877.477.1258

ESTRACE® CREAM
(estradiol vaginal cream, USP, 0.01%)

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 _____ MD DO NP PA
Professional designation (Circle one)

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	NDC
(Please check one) <input type="checkbox"/> 5 tubes	ESTRACE® CREAM (estradiol vaginal cream, USP, 0.01%) NET WT 0.42 oz (12 g) tube	NDC 0430-3754-95 Manufacturer: Contract Pharmaceuticals Limited Authorized sample distributor: J. Knipper and Company, Inc.

Resource request	Resource description	Code
(Please check one) <input type="checkbox"/> 1 order	ESTRACE® CREAM Patient Savings Program Cards (each order contains 10 cards)	Code: EST112280
<input type="checkbox"/> 1 order	ESTRACE® CREAM Patient Brochure (each order contains 10 brochures)	Code: EST107506
<input type="checkbox"/> 1 order	ESTRACE® CREAM Patient Savings Flyer (each order contains 1 copy)	Code: EST112281
<input type="checkbox"/> 1 order	ESTRACE® CREAM Patient Starter Bags (each order contains 25 bags)	Code: EST34552_v2
<input type="checkbox"/> 1 order	ESTRACE® CREAM Patient Case for Applicator & Brush (each order contains 25 items)	Code: EST40949
<input type="checkbox"/> 1 order	ESTRACE® CREAM VVA Discussion/Diagnosis Guide (each order contains 20 items)	Code: UNB105005
<input type="checkbox"/> 1 order	ESTRACE® CREAM HCP Brochure (each order contains 25 brochures)	Code: EST109482

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 accompanying full Prescribing Information, including Boxed Warning, or view it at www.estracecream.com.



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