

Sample Request Fax Form

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

BYSTOLIC® Sample Order Fulfillment
FAX # : 1.877.477.1258

Bystolic 
(nebivolol) tablets
2.5 mg • 5 mg • 10 mg • 20 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/Physician 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
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Product request:	Product description:	NDC #
(Please Check) <input type="checkbox"/> 12 bottles	BYSTOLIC® (nebivolol) Tablets 5 mg tablets (each bottle contains 7 [seven] 5 mg tablets)	NDC 0456-1405-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 12 bottles	BYSTOLIC® (nebivolol) Tablets 10 mg tablets (each bottle contains 7 [seven] 10 mg tablets)	NDC 0456-1410-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 6 bottles	BYSTOLIC® (nebivolol) Tablets 20 mg tablets (each bottle contains 7 [seven] 20 mg tablets)	NDC 0456-1420-07 Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: J. Knipper and Company, Inc.

Resource request:	Resource description:	Code
<input type="checkbox"/> 1 package	BYSTOLIC® Patient Savings Card (each package contains 10 cards and 1 holder)	BYS111713-v3-c

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 refer to the Allergan Privacy Statement at www.allergan.com/privacy and the California Privacy Policy at www.allergan.com/privacy/ccpa.



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