

# 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](http://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.**

				MD	DO	NP	PA
Practitioner name				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:

(Please check one)

**5 Patient Sample Packs**

**FETZIMA® (levomilnacipran extended-release capsules)**  
1 week Patient Sample Pack (each pack includes [two] 20mg capsules and [five] 40mg capsules)

**NDC 0456-2200-07**  
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](http://www.fetzimahcp.com)



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