

Sample Request Fax Form

Lo Loestrin[®] Fe

(norethindrone acetate and ethinyl estradiol tablets,
ethinyl estradiol tablets and ferrous fumarate tablets)
1 mg/10 mcg and 10 mcg

To receive your samples of
Lo Loestrin[®] Fe
complete this form and fax it, along with a copy of your state
license to:

Lo Loestrin[®] Fe 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.

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	NDC
<input checked="" type="checkbox"/> 6 boxes	Lo Loestrin [®] Fe 1-mg/10-mcg and 10-mcg tablets	NDC 0430-0420-95 Manufacturer: Teva Pharmaceuticals Authorized sample distributor: J. Knipper and Company, Inc.

Resource request	Resource description	Code
<input type="checkbox"/> 1 order	Lo Loestrin [®] Fe Overview (1 brochure)	Code: LOL137549
<input type="checkbox"/> 1 order	Lo Loestrin [®] Fe Savings Cards (1 pack of 10 cards)	Code: LOL136589
<input type="checkbox"/> 1 order	Lo Loestrin [®] Fe Patient Brochure (1 brochure holder with 20 brochures)	Code: LOL126749
<input type="checkbox"/> 1 order	Lo Loestrin [®] Fe Patient Brochure (Spanish) (1 brochure holder with 20 brochures)	Code: LOL127448
<input type="checkbox"/> 1 order	Lo Loestrin [®] Fe Setting Expectations Patient Sheet (1 pad of 25 sheets)	Code: LOL110726
<input type="checkbox"/> 1 order	Lo Loestrin [®] Fe Setting Expectations Patient Sheet (Spanish) (1 pad of 25 sheets)	Code: LOL115047

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, at hcp.LoLoestrin.com.



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