## Sample Request

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 san                              | nples may only be sent to your office address.                         |  |
|--|--|--|
| Please Note: In compliance with samples will not be forwarded. | the Prescription Drug Marketing Act regulations, inc                   | complete request forms cannot be processed and   |
| •  |  | MD DO NP PA  |
| Practitioner name  |  | Professional designation (Circle one)  |
| Phone number   |  | Fax number   |
| Address (Samples will not be iss                               | sued or delivered to a PO Box; please provide your of                  | ffice address.)  |
| City   | State  | ZIP code   |
| Product request  | Product description  | NDC  |
| □ 6 boxes  | Lo Loestrin® Fe 1 mg/10 mcg and 10 mcg tablets                         | NDC 0430-0420-95  Manufacturer: Allergan USA, Inc. Authorized sample distributor: J. Knipper and Company, Inc.   |
| Resource request   | Resource description   | Code   |
| □ 1 order  | Lo Loestrin® Fe Overview<br>(1 pack of 10 brochures)                   | Code: LOL113739  |
| □ 1 order  | Lo Loestrin® Fe Savings Cards<br>(1 pack of 6 cards)                   | Code: LOL114764  |
| □ 1 order  | Patient Education Tearpad: Setting<br>Expectations for Lo Loestrin® Fe | Code: LOL110726  |
| and dispense these drug samples. I also cer                    | tify that I have requested these samples for the legitimate medical ne | y authorized under applicable federal and state law to request, receive,<br>eeds of my patients. I understand that the sale or offer to sell a drug<br>rug samples and I will not sell, resell, trade, barter, return for credit, or sec |
| Allergan reserves the right to decline reque indication(s).    | sts for samples from practitioners whose medical practice and/or pati  | tient population is deemed inconsistent with the approved product  |
| Practitioner/Physician signature                               |  | Date   |
| State license number   |  | Expiration date  |

