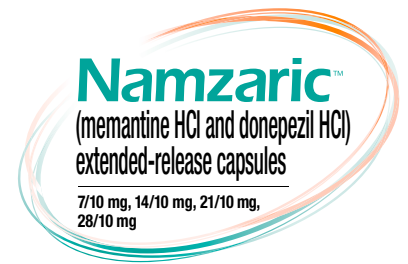


To receive your complimentary samples of
NAMZARIC® (memantine HCl and donepezil HCl)
extended-release capsules
complete this form and fax it to:
1-866-858-4733



Visit abbvieaccess.com to view AbbVie 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, incomplete request forms cannot be processed and samples will not be forwarded.

Practitioner/Physician name	Professional designation (check one)	
Phone number	Email address	
Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)		
City	State	ZIP code
State license number	Expiration date	

Product request:	Product description:	NDC #:
(Please Check) 3 PSK	NAMZARIC® (memantine HCl and donepezil HCl) extended-release capsules. Patient Starter Kit (each Patient Starter Kit contains 28 capsules: 7x7 mg/10 mg, 7x14 mg/10 mg, 7x21 mg/10 mg, 7x28 mg/10 mg).	00456-1229-04

By signing and returning this form, I acknowledge that I am currently licensed with the appropriate state and federal authorities to receive this product and would like AbbVie to provide me with complimentary samples of the above items.

For Ohio Prescribers: To lawfully possess and distribute drug samples, Ohio law requires that prescribers or their practices hold a valid Terminal Distributor of Dangerous Drugs (TDDD) license or satisfy an exemption to the requirements. A TDDD license allows a business entity to purchase and possess prescription drugs, including samples, at a specific address for distribution to patients. More information regarding Ohio's TDDD requirements and applicable exemptions is available from the Ohio Board of Pharmacy, including a guidance document titled Terminal Distributor Licensing of Prescriber Practices (www.pharmacy.ohio.gov/PrescriberTDDD). By signing below, I certify that: (1) I reviewed and acknowledge the Ohio Board of Pharmacy information regarding requirements to maintain a TDDD license; and (2) I or my practice (as applicable) may lawfully obtain, possess, and distribute the product(s) requested, and possess a valid TDDD license or satisfy an exemption to the TDDD license 34930003 requirements.

Practitioner/Physician signature	Date
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I requested the Rx items indicated for the legitimate medical needs of my patients and may not charge my patients or third party provider, including Medicare or Medicaid, for these items. Sample shipments are made subject to product availability and regulated by state and federal law. Samples are not for sale. AbbVie 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). Samples manufactured by Forest Laboratories Ireland Limited. Distributed by J Knipper and Company, Inc.

Please see full Prescribing Information, or visit https://www.rxabbvie.com/pdf/namzarin_pi.pdf.
Please refer to the Privacy Statement at <https://www.abbvie.com/privacy.html>.

