

Sample Request Fax Form



(norethindrone acetate and
ethinyl estradiol capsules and
ferrous fumarate capsules)
1 mg/20 mcg

To receive your samples of
Taytulla®
complete this form and fax it, along with a copy of your state
license to:

Taytulla® 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

6 boxes

Taytulla® 1-mg/20-mcg tablets

NDC 0023-5862-29
Manufacturer: Catalent Pharma Solutions
Authorized sample distributor: J. Knipper and Company, Inc.

Resource request

Resource description

Code

1 order

Product Overview
(1 pack of 10 brochures)

Code: MBD113742

1 order

Taytulla® Patient Education Brochures
(1 pack of 20 brochures)

Code: TAY70830-v2

1 order

Taytulla® Savings Cards
(1 pack of 10 cards)

Code: TAY124002

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 hcp.Taytulla.com.



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