

# Sample Request Fax Form



To receive your complimentary samples of  
**UBRELVY™ (ubrogepant)**  
complete this form and fax it to:

**UBRELVY™ Sample Order Fulfillment**  
**FAX # : 1.877.477.1258**

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, incomplete request forms cannot be processed and samples will not be forwarded.**

Practitioner/Physician name		Professional designation
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

Qty Requested	Product description	Item Code
<input type="checkbox"/> 4 Boxes	UBRELVY™ (ubrogepant) 100 mg Sample (4 tablets)	0023-6501-01
<input type="checkbox"/> 4 Boxes	UBRELVY™ (ubrogepant) 50 mg Sample (4 tablets)	0023-6498-01
<input type="checkbox"/> 4 Packs	UBRELVY™ (ubrogepant) Patient Brochure and Holder	UBR130541
<input type="checkbox"/> 6 Packs	UBRELVY™ (ubrogepant) Patient Savings Card	UBR130709a

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). When signing documents electronically, you agree that your electronic signatures are intended to have the same force and effect as your handwritten signature and that you will provide additional certification or testimony of your signature as required by the U.S. FDA. You understand that you will be held accountable and responsible for actions initiated under your electronic signature, and that you must take steps to prevent signature falsification. If there is any falsification associated with your electronic signature, you will be prohibited from receiving samples from Allergan and potentially subject to further liability, whether criminal or otherwise, under applicable law.

Practitioner/Physician signature	Date
State license number	Expiration date

Please refer to the Allergan Privacy Statement at [www.allergan.com/privacy](http://www.allergan.com/privacy) and the California Privacy Policy at [www.allergan.com/privacy/ccpa](http://www.allergan.com/privacy/ccpa)



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