

Sample Request Fax Form

To receive your complimentary samples of
VIIBRYD® (vilazodone HCl)
complete this form and fax it, along with a copy of your
state license, to:

VIIBRYD® 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/Physician name	Professional designation (circle one)			

Phone number	Fax number
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Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)

City	State	ZIP code
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Product request:	Product description:	NDC #
(Please Check) <input type="checkbox"/> 10 Patient Sample Packs	VIIBRYD® (vilazodone HCl) Tablets 2-week Patient Sample Pack (each pack includes 7 [seven] 10 mg tablets and 7 [seven] 20 mg tablets)	NDC 0456-1101-14 Manufacturer: Patheon, Puerto Rico, Inc. Authorized sample distributor: J. Knipper and Company, Inc.
<input type="checkbox"/> 5 Bottles	VIIBRYD® (vilazodone HCl) 40 mg tablets (each bottle includes 7 [seven] 40 mg tablets)	NDC 0456-1140-07 Manufacturer: Patheon, Puerto Rico, Inc. Authorized sample distributor: J. Knipper and Company, Inc.

Resource request:	Resource description:	Code
<input type="checkbox"/> 6 packages	VIIBRYD® Savings Cards (each package contains 5 cards)	VBD124888-V2-B

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
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State license number	Expiration date
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Please see full Prescribing Information, including Boxed Warning, available at www.viibrydhcp.com.
Please refer to the Allergan Privacy Statement at www.allergan.com/privacy and the California Privacy Policy at www.allergan.com/privacy/ccpa



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