

# 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](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 regulations, incomplete request forms cannot be processed and samples will not be forwarded.**

Practitioner/Physician name	MD DO NP PA	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 #
(Please Check) <input type="checkbox"/> <b>5 Patient Sample Packs</b>	<b>VIIBRYD® (vilazodone HCl) Tablets</b> 2-week Patient Sample Pack (each pack includes [seven] 10 mg tablets and [seven] 20 mg tablets)	<b>NDC 0456-1101-14</b> Manufacturer: Patheon, Puerto Rico, Inc. Authorized sample distributor: J. Knipper and Company, Inc.

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 [www.viibrydhcp.com](http://www.viibrydhcp.com).

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)



Allergan® and its design are trademarks of Allergan, Inc.  
VIIBRYD® and its design are registered trademarks of Allergan Sales, LLC.  
© 2020 Allergan. All rights reserved.  
VBD133197-v2 02/20 33997001