

AmLactin Sample Request Form
Fax Completed Form to 1-877-533-9154

Dear Licensed Practitioner:

Thank you for requesting samples from PharmaDerm, a division of Fougere Pharmaceuticals Incorporated. Please complete the below information and fax the form to 1-877-533-9154. Incomplete and duplicate requests cannot be processed and you MUST check the box to the right of any item(s) you would like to request. **Properly completed request forms will be processed within 2-3 business days and delivered overnight via UPS. PharmaDerm will only fulfill 1 order per month through this program's expiration date of 9/24/2020.** For order status inquiry, please call 1-800-821-1374.

MD ☐ DO ☐ NP ☐ PA ☐
Licensed Practitioner's Last Name, First Name

State License Number

Expiration Date

Print exactly as it appears on the certificate. This number is required to allow you to receive samples.

Address (No PO Boxes)

City, State, ZIP Code

Phone Number

Fax Number

Form#AMD0005213

Source code SANFX26418

Sample and Material Request (please check boxes to confirm items requested):

Product ID	Brand	Shipping Unit	Qty	Check
0245-0023-66	AmLactin® Skin Care	Daily Lotion Sample Packet, 3g, 25ct/Box	4	<input type="checkbox"/>
0781-7154-25	AmLactin® Skin Care	Ultra Smoothing Cream Sample Packet, 3g, 25ct/Box	4	<input type="checkbox"/>
0781-7128-25	AmLactin® Skin Care	Rapid Relief Lotion Sample Packet, 3g, 25ct/Box	4	<input type="checkbox"/>
0781-7089-25	AmLactin® Skin Care	Foot Repair Cream Sample Packet, 3g, 25ct/Box	4	<input type="checkbox"/>

AmLactin products are cosmetic moisturizers.

SIGNATURE REQUIRED. Original ink-written signature of licensed practitioner required. (No signature stamps)

X _____

Signature

Date

My signature certifies that I am a licensed practitioner eligible to request and receive these samples. These samples are being requested for the medical needs of my patients and are not intended for and are prohibited from sale, trade, barter, and return for credit. I understand that I may not seek or accept any reimbursement for these samples as I will not incur any cost in relation to them. I understand that PharmaDerm, a division of Fougere Pharmaceuticals Incorporated will mail these samples directly to my office and that I will be required by federal law to sign an acknowledgment for delivery. For Ohio practitioners only: I attest that I have an active Terminal Distributor of Dangerous Drugs (TDDD) license at this location or that I am exempt from TDDD licensure. Under Ohio law, a prescriber who possesses dangerous drugs must have a TDDD license unless exempt as a sole proprietor, sole shareholder, or dentist. TDDD license requirements can be found at: <https://pharmacy.ohio.gov/PrescriberTDDD>.

As per federal requirements, incomplete requests and duplicate requests cannot be processed.