



Flexichamber® Demonstration Unit Request Form

Thank you for your interest in obtaining an FSC Pediatrics Demo Unit!

To receive a demo unit, please complete this form, sign and date it and fax it to **407-641-9776** or email to fscsample@wdsrx.com

Medical Practice Name

Address

City

State

Zip/Postal Code

Phone

Fax

Product	NDC#	Size	Quantity
Flexichamber® (Anti-static Valved Collapsible Holding Chamber; Rx Only)	13551-902-01	1 unit	<input type="checkbox"/> 1

*Please allow 5 - 7 days for delivery.

"By signing this form I certify that I have requested the item listed above in the quantity designated. I further certify that I am a licensed practitioner eligible to receive and prescribe this device. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing, to request and receive this device and that I have my supervising Physician's approval to do so. My signature on this form certifies that I recognize that the demonstration units for the medical needs of my patients and will not be sold, traded, bartered, returned for credit or utilized to seek or obtain reimbursement."

MD DO NP PA Other (Please Specify)

NPI #

Professional Designation

License Number

State of Licensure

Practitioner's E-mail address

Authorizing Practitioner Name (Print)

Specialty

Authorizing Practitioner Signature (NO Stamps)

Date

You can find product information at www.fscpediatrics.com or if you have any questions regarding the FSC Pediatrics product sampling program, please contact FSC at (704) 941-2500.

FSC Representative Name

Territory Number

Note: Flexichamber is a prescription-only (Rx) medical device. Federal law restricts this device to sale by, or in the order of, a physician. Flexichamber is manufactured for and distributed by: FSC Laboratories, Inc. 6100 Fairview Road, Suite 300, Charlotte, NC 28210. Flexichamber® is a registered trademark of FSC Laboratories, Inc.