

# Sample Request

## Fax Form

To receive your complimentary samples of  
**RAPAFLO® (silodosin)**  
complete this form and fax it to:



**RAPAFLO® Sample Order Fulfillment**  
**FAX #: 1.866.765.7098**

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 name		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
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Product request	Product description	NDC
(Please check one) <input type="checkbox"/> 12 bottles <input type="checkbox"/> 24 bottles <input type="checkbox"/> 36 bottles	<b>RAPAFLO® (silodosin) 8 mg capsules</b> (each bottle contains 7 RAPAFLO 8 mg capsules, 12 bottles to a tray)	NDC 52544-0152-41 Manufacturer: Watson Pharma, Inc Authorized sample distributor: Anda, Inc.

Resource request	Resource description	Code
(Please check) <input type="checkbox"/> 1 Package <input type="checkbox"/> 2 Packages <input type="checkbox"/> 3 Packages <input type="checkbox"/> 4 Packages	<b>RAPAFLO® Patient Savings Cards</b> (each holder contains 5 brochures with cards)	APC16LW15
<input type="checkbox"/> 1 Package <input type="checkbox"/> 2 Packages <input type="checkbox"/> 3 Packages <input type="checkbox"/> 4 Packages	<b>RAPAFLO® Patient Brochure</b> (each package contains 10 brochures with easel)	APC14EK15

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



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