

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.

Practitioner name _____ Professional designation (Circle one) **MD DO NP PA**

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 one) <input type="checkbox"/> 12 bottles <input type="checkbox"/> 24 bottles <input type="checkbox"/> 36 bottles | RAPAFLO® (silodosin) 8 mg capsules (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 | RAPAFLO® Patient Savings Cards (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 | RAPAFLO® Patient Brochure (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 _____

