














To obtain complimentary samples, please complete the following:

Check the appropriate box(es) at left to confirm samples requested.

AVWEBBORDERS

Dietary Supplements

<input type="checkbox"/> 75854-304-03 Prenate Mini® Prenatal Vitamin + DHA (softgels) - 2 trays	
<input type="checkbox"/> 75854-309-03 Prenate® Enhance Prenatal Vitamin + DHA (softgels) - 2 trays	
<input type="checkbox"/> 75854-308-03 Prenate® Restore Postnatal Vitamin + DHA (softgels) - 2 trays	
<input type="checkbox"/> 75854-307-03 Prenate® AM Prenatal Vitamin (tablets) - 2 trays	
<input type="checkbox"/> 75854-306-03 Prenate® Chewable Prenatal Vitamin (chocolate chewable tablets) - 2 trays	
<input type="checkbox"/> 75854-312-03 Prenate DHA® Prenatal Vitamin (tablets) - 2 trays	
<input type="checkbox"/> 75854-314-03 Prenate Elite® Prenatal Vitamin (tablets) - 1 tray	
<input type="checkbox"/> 75854-313-03 Prenate Essential® Prenatal Vitamin + DHA (softgels) - 2 trays	
<input type="checkbox"/> 75854-311-04 Prenate® Star Prenatal Vitamin (Kosher Certified) - 1 tray	
<input type="checkbox"/> 75854-316-03 Robust Rx Prenatal Vitamin with 11 concentrated nutrients and minerals in a tiny softgel package – 3 trays	
<input type="checkbox"/> 75854-102-03 Hydrocortisone Acetate 2% Lidocaine HCl 2% in a 1% Coleus Forskohlii Base - 3 trays	
<input type="checkbox"/> 75854-310-03 FeRiva FA™ Iron Supplement 110 mg Dual-Iron Delivery – 2 trays with 	

Verify that all contact information is correct, including state license information and shipping address. Indicate professional designation.

Please print clearly and use blue or black ink

_____ Licensed Healthcare Professional Name	
Professional Designation: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA Other: _____	
_____ State License No.	_____ Lic. No. Exp. Date
_____ Healthcare Professional Signature	_____ Today's Date

Email address

Office Contact

Office Address

Suite or Floor†

City

State Zip

Phone

Fax

Physician Specialty

Altered forms will not be processed. **PLEASE NOTE:** Your order will be shipped based on product availability - back orders will not be processed. You may only receive samples from this program once every calendar month. All required fields must be completed or your request cannot be fulfilled. This form expires 30 days from date of receipt or while supplies last. The Prescription Drug Marketing Act prohibits the sale of prescription drug samples or administering samples for which physicians bill Medicare or Medicaid (CMS). By signing this sample request form, the signee agrees not to sell or bill for the above samples provided by Acella Pharmaceuticals, LLC.

†Samples are not deliverable to P.O. Boxes or home addresses.

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*Quatrefolic is a registered trademark of Gnosis, SpA.

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