



Sample Request Form

US

Practitioner Name:		Professional Designation (MD, DO, PA, NP)
Street Address:		Suite Number:
City:	State:	Zip Code:
State License Number:	Office Phone Number:	Office Fax Number:
Office Contact Name:		Office Email Address:

Product NDC Number:	Product Description:	Unit Quantity, (# of bottles):
73515-123-21	Cycloset, 21-count bottle (2 weeks supply)	

PLEASE SIGN AND DATE TO RECEIVE SAMPLES	
X _____ Practitioner's Original Signature (No signature stamps)	X _____ Date

Please submit completed form to: samples@avvistotherapeutics.com or fax to 401-816-5105

By signing and returning, I certify I am a licensed practitioner eligible to request, receive, prescribe, and dispense these complimentary samples at the location above. If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible, in the state in which I am now practicing, to request and receive these samples, and I have my supervising Physician's approval to do so. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit, or seek third-party reimbursement for them.

Ohio Law (ORC 4729.51) prohibits individuals (e.g., prescribers) from possessing prescription drugs without a terminal distributor of dangerous drugs license ("TDDD license") unless otherwise exempt. Guidance from Ohio State Board of Pharmacy on prescriber licensure can be found at: www.pharmacy.ohio.gov/prescriberTDDD If you or your practice do not possess a TDDD license for the "ship to" address of the requested samples, by signing this form, you attest that you do not require a TDDD license because you or your practice meet one of the exemptions under Ohio Law.

Manufactured for: VeroScience LLC 1334 Main Road Tiverton, RI, 02878

Distributed by: Avvisto Therapeutics LLC 1334 Main Road Suite B Tiverton, RI, 02878
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