

REQUEST FOR PHYSICIAN SAMPLES

9050013

Deliver to:

Practitioner Name: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone: _____

Fax: _____

State License#: _____

E-Mail: _____

Instructions for Requesting Physician Samples:

- 1 Physician listed must sign, include professional designation, and date the form
- 2 Fax form to:
1-800-233-9141
or Email form to:
PromiusPharma@knipper.com
- 3 Once your order has been faxed it will be processed within 24 hours and shipped within 72 hours (Monday through Thursday)
- 4 No PO Boxes please

To opt-out of fax communication for the Cloderm Sample Program, call our toll free opt-out line at 1-800-920-0850 or email PromiusPharma@knipper.com with your first name, last name, and fax number.

YOU WILL RECEIVE THE FOLLOWING PRESCRIPTION SAMPLES

PROMIUS®
P H A R M A

Cloderm®
(clocortolone pivalate)
Cream, 0.1%

Quantity: 3 boxes of 10 (2G) tubes
NDC # 67857-804-14

I certify that I am currently licensed with the appropriate state agencies and authorized to receive samples. I have requested these samples and will not seek reimbursement or payment. I agree that these samples will not be sold, traded, bartered for, or returned for credit. Samples are distributed by J. Knipper and Company, Inc.

SIGN HERE
and Provide
Requested
Information

X _____

Practitioner Original Signature Only
(Required, no signature stamps, please)

Professional Designation
(Required)

Date of Request
(Required)

If you should have any questions, please call 1-800-920-0850

Cloderm is a registered trademark of Coria Laboratories, LTD.
Manufactured for Promius Pharma, LLC.

PROMIUS®
P H A R M A

05/15

Code # CL-AH