

# Women's Health Product Request

Fax request to: (800) 681-4050

Phone: (800) 531-3333

*Please send complimentary sample dispensers of the following:*

## ANTIMICROBIAL

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**TINDAMAX® 500 mg** - Each containing six bottles of 2 tablets/bottle

1 Dispenser     Literature

## PRENATAL SUPPLEMENTATION

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**CitraNatal® Assure** - Each containing six 5-day starter supply kits

6 Dispensers     12 Dispensers     Literature

**CitraNatal® 90 DHA** - Each containing seven 5-day starter supply kits

6 Dispensers     12 Dispensers     Literature

**CitraNatal® DHA** - Each containing seven 5-day starter supply kits

6 Dispensers     12 Dispensers     Literature

## IRON SUPPLEMENTATION

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**FERRALET® 90** - Each containing 12 bottles of 5 tablets/bottle

1 Dispenser     2 Dispensers     Coupons     Literature

Healthcare Professional Name

Prof ID

Office Contact

Address<sup>†</sup>

Suite or Floor

City

State

Zip

Phone

Fax

Professional Designation

MD

DO

NP

Other: \_\_\_\_\_

Physician Specialty

State License No.

Healthcare Professional Signature\*

Date

PH-4M Rev 0209

<sup>†</sup>Samples are not deliverable to P.O. Boxes.

\*Required for samples

