

# Women's Health Product Request

Fax request to: (800) 681-4050

Phone: (800) 531-3333

**Please send complimentary sample dispensers of the following:**

## ANTIMICROBIAL

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

1 Dispenser (includes coupons)

Literature

## PRENATAL SUPPLEMENTATION

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

3 Dispensers (includes coupons)

Literature

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

3 Dispensers (includes coupons)

Literature

**CitraNatal® B-Calm™** - Each containing six 5-day starter supply kits

1 Dispenser (includes coupons)

Literature

## IRON SUPPLEMENTATION

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

1 Dispenser (includes coupons)

Literature

*Please Print Clearly*

Healthcare Professional Name

Prof ID

Office Contact

Office Address†

Suite or Floor

City

State

Zip

Phone

Fax

Professional Designation

MD

DO

NP

Physician Specialty

Other

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

Healthcare Professional Signature\*

State License No.\*

Date\*

\*Required for samples

PH-7 Rev 0210

The Prescription Drug Marketing Act prohibits the sale of prescription drug samples or administering samples for which physicians bills Medicare or Medicaid (CMS). By signing this sample request form, Physician agrees not to sell or bill for the drug samples provided by Mission Pharmacal Company.

