Sample Request
Fax Form

To receive your complimentary samples of
FETZIMA® (levomilnacipran) extended-release capsules
complete this form and fax it, along with a copy of your state license, to:

FETZIMA® Sample Order Fulfillment
FAX #: 1.866.765.7098

Your shipment of professional samples may only be sent to your office address.

Please note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.

MD DO NP PA

Practitioner name | Professional designation (Circle one)

Phone number | Fax number

Address **(Samples will not be issued or delivered to a PO box; please provide your office address.)**

City | State | ZIP code

Product request: (Please check one)	Product description:	
☐ **5 Patient Sample Packs**	**FETZIMA® (levomilnacipran) extended-release capsules** 2 week Patient Sample Pack (each pack includes [two] 20mg capsules and [twelve] 40mg capsules and a copay card)	**NDC 0456-2208-28** Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: Anda Inc.
☐ **5 1x7 Cards**	**FETZIMA® (levomilnacipran) extended-release capsules** 80 mg capsules (each 1x7 card contains [seven] 80 mg capsules)	**NDC 0456-2280-07** Manufacturer: Forest Laboratories Ireland Limited Authorized sample distributor: Anda Inc.

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Allergan reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s)

Practitioner/Physician signature | Date

State license number | Expiration date

Please see full Prescribing Information, including Boxed Warning, available at www.fetzimahcp.com

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