

Manufactured for: Manufacturing, In

Distributed by: Distributor, Inc.
Drug Sample Management Department
2087 South Grant Street
Denver, CO 80210

Physician Name, Professional Designation & Delivery Address

Fill In One

State License #: MD DO NP PA

Name:

Addr 1:

Addr 2:

C/S/Z:

NP/PA Sampling Authority Confirmed

Sampling Information

Call Date / /

NDC #	Lot #	Product Description	Pkg	Quantity Distributed (fill in one)
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3459-402-10	<input type="text"/> Lot#	Novtril 2mg	1 Box = 10 tablets	<input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="text"/> Other
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3459-404-10	<input type="text"/> Lot#	Novtril 4mg	1 Box= 10 tablets	<input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="text"/> Other
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I have requested and received the Rx items for the medical needs of my patients. I certify that I am currently licensed with the appropriate state authorities to receive the samples indicated on this receipt.

(Please sign and date below)

Practitioner's Signature

(must be original signature in blue or black ink)

Date

Territory:

Name:

Addr1:

C/S/Z:

Phone:

