

**Fax the completed form (no cover sheet needed) to: 1 (866) 329-7771**

## **NUEDEXTA® Sample Request Form**

<b>Physician Name</b>	First : _____	Last : _____
<b>State License Number</b> (no abbreviations, please) : _____		
<b>Professional Designation</b> (check one)	MD <input type="checkbox"/>	DO <input type="checkbox"/>
	NP <input type="checkbox"/>	PA <input type="checkbox"/>
	Other : _____	
<b>Address 1 :</b> _____		
<b>Address 2 :</b> _____		
<b>City :</b> _____	<b>State :</b> _____	<b>Zip Code :</b> _____
<b>Phone :</b> _____	<b>Fax :</b> _____	



NUEDEXTA® is distributed by Avanir Pharmaceuticals, Inc.

**Product Description:**

**NUEDEXTA®**  
(dextromethorphan HBr and quinidine) Capsules

**NDC Code:**  
64597-301-13

**Size:** 20mg/10mg 13 Capsules

**Quantity:** 8

**SIGNATURE BELOW INDICATES AGREEMENT TO THE FOLLOWING:**

- The samples requested are for use in my practice for the medical needs of my patients.
- I certify that I am currently licensed with the appropriate state authorities to request, receive, and prescribe the samples indicated on this request form.
- I understand that either my signature or the signature of a responsible person in my office will be required as a receipt of delivery.
- I agree that these samples will not be traded, sold, bartered, or returned for credit.
- I agree that these samples will not be submitted to any public or private third-party payer (including, without limitation, Medicaid, Medicare, private insurers, or other third parties) for reimbursement.

Some states require a distribution license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in the state laws and regulations. More information on this requirement can be found at the state board website.

Your signature on this sample request/receipt serves as attestation that you have the appropriate licensure, if required, or qualify under an exemption under the state laws and regulations.

_____ <b>Licensed Physician's Signature</b>	_____ <b>Specialty</b>	_____ <b>Date (mm/dd/yyyy)</b>
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