AVANIR pharmaceuticals

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

NUEDEXTA® Sample Request Form

Shipment will contain 8 NUEDEXTA® samples/bottles.

Physician Name	First :		Last :			
State License Number (no abbreviations, please) :						
Professional Designation (check one)	MD ☐	DO ☐	NP ☐	PA ☐	Other :	
Address 1 :						
Address 2 :						
City :		**State :**		**Zip Code :**		
Phone :		**Fax :**				

NUEDEXTA (dextromethorphan HBr and quinidine sulfate) capsules 20 mg 10 mg

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

IMPORTANT INFORMATION ABOUT YOUR SIGNATURE:

My signature certifies that I am a licensed practitioner in the above state and am able to request and receive and prescribe the sample product indicated above. Furthermore, I understand that this product is a sample and cannot be sold, traded, 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. In addition, I confirm this sample is for the medical needs of my patients and will not be provided for personal use.

Licensed Physician's Signature	**Specialty**	**Date** (mm/dd/yyyy)

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