☐ INV

Prenate DHA® Rx prenatal vitamin & DHA

Prenate® Rx prenatal vitamin & DHA Essential®

Prenate Elite®
PRENATAL VITAMINS—FILM-COATED TABLETS

Physician Sample Request Form Instructions†

Please fill in the required information (*) below and print. Once you have printed the form, sign and date it, and then fax to 1-800-886-1874. A confirmation e-mail will be sent when your request has been processed.

First Name* | MI | Last Name*

Professional Designation*: MD | Other

Street Address 1*

Street Address 2

City* | State: AL | Zip Code*

Phone Number* | E-mail Address*

State License Number* | Expiration*: Month: 01 | Year: 2012

Dietary Supplements

		Trays	
☐	Prenate Elite ® prenatal vitamin (tablets)	0	Maximum of 4 trays
☐	Prenate DHA ® prenatal vitamin + DHA (softgels)	0	Maximum of 4 trays
☐	Prenate Essential ® prenatal vitamin + DHA (softgels)	0	Maximum of 4 trays

Signature _____ Date _____

† Altered forms will not be processed. PLEASE NOTE: Your order will be shipped based on product availability - back orders will not be processed. You may only receive samples from this program once every calendar month. All required fields must be completed or your request cannot be fulfilled. This form expires 30 days from date of receipt or while supplies last. The Prescription Drug Marketing Act prohibits the sale of prescription drug samples or administering samples for which physicians bill Medicare or Medicaid (CMS). By signing this sample request form, the signee agrees not to sell or bill for the above samples provided by Avion Pharmaceuticals.