

SAMPLE REQUEST FORM-FAX TO 888-376-0926

PRESCRIBER INFORMATION			
First Name:		Last Name:	
Designation: <i>(circle one)</i> MD DO PA NP Other _____		State License #:	Expiration Date (MM/DD/YYYY):
Street Address: <i>(PO Boxes are not accepted)</i>			
City:		State:	Zip Code:
Telephone:	Fax:	Email:	
PRODUCT REQUEST			
Product Code	Product	Description	Quantity
10782-198-02	vitaPearl™ Prenatal Multivitamin with DHA	2-Day Starter Pack	Max. 15
10782-298-04	vitaTrue® Prenatal Multivitamin Plus DHA Softgel. Certified Vegan and Kosher	2-Day Starter Pack	Max. 15
10782-302-02	vitaMedMD® RediChew® Rx Chewable Prenatal Multivitamin	2-Day Starter Pack	Max. 15
This form must be filled out completely before your sample request can be processed. You should expect samples to arrive within 2-7 business days from the date your fax request is received. If you have any questions regarding your request, please call 1-844-787-4994 ext. 1500 (M-F 8am–5pm EST).			

I certify that I am a licensed practitioner and am eligible to request and receive samples. I have requested the packaged quantities of the product indicated above for the legitimate medical needs of my patients. I will not seek payment from any patient or third-party payor for these samples, and I will not sell, resell, trade, barter, return for credit or seek reimbursement for any sample. I understand that samples will be mailed directly to my office along with an Acknowledgment of Contents Form, that must be signed and returned to TherapeuticsMD upon the delivery of samples.

TherapeuticsMD reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the suggested use of the product.

Request cannot be fulfilled unless this form is signed and dated. Must be original, no signature stamps accepted.

Prescriber Signature (required)

Date (required)

To request professional samples, please fax the completed form to 888-376-0926

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For Her. For Life.

