

Sample Request Fax Form



To receive your complimentary samples of **Savella® (milnacipran HCl)** complete this form and fax it to:

Savella® Sample Order Fulfillment
FAX #: 1-877-619-5796

Your shipment of professional samples may only be sent to your office address.

Please Note: In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.

Practitioner name	Professional designation (Circle one) MD DO NP PA
Phone number	Fax number

Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)

City	State	Zip code
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Product request:	Product description:	
(Please check one) <input type="checkbox"/> 1 Titration Pack <input type="checkbox"/> 3 Titration Packs	Savella® (milnacipran HCl) Tablets 2-week Titration Pack (each titration pack includes five 12.5 mg tablets, eight 25 mg tablets, and fourteen 50 mg tablets)	NDC 0456-1500-27 Manufacturer: Forest Laboratories, LLC Authorized sample distributor: Anda Inc.

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Actavis reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s)

Practitioner/Physician signature	Date
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State license number	Expiration date
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