

Sample Request Form

Return to Encore Customer Service

Email: Customer-service@encorederm.com or Fax: 877-622-2340

Dear Practitioner:

Please **complete the requested information below**. Please note; in compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed, and samples will not be forwarded. Please complete and verify all information below prior to signing the request form.

Once your information is verified, you are required to check the box next to the **requested product sample**. When the form is complete, please return by email or fax number listed above.

INCOMPLETE FORMS WILL NOT BE PROCESSED

First Name	Last Name	Customer ID#	
Prof Designation:		Fax:	
Specialty:		Phone:	
State License Number:		SLN Expiration Date:	
Street Address:			
City:		State:	Zip:
Territory ID:	Representative Name:		

Encore Dermatology 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).

PLEASE INDICATE PRODUCT REQUESTED

PRODUCT	Quantity	Unit of Measure	Product Code
<input type="checkbox"/> IMPOYZ (clobetasol propionate) CREAM 0.025% 2.5g Sample	2	1 Each (20 2.5g tubes)	6948270003
<input type="checkbox"/> Trianex Ointment 0.05% 14 GM	4	1 Each	6948230014
<input type="checkbox"/> Sernivo Spray 0.05% 10 ML	6	1 Each	6785780835
<input type="checkbox"/> Promiseb Cream 5g	12	1 Each	6785780307

By signing this form, I am certifying I am the practitioner listed above and request the above samples for the medical needs of my patients. I certify that I am currently licensed with the appropriate state authorities and comply with all regulations to request and receive the samples indicated. I understand that these samples cannot be sold, traded, bartered with or sought for reimbursement.

Practitioner's Signature: _____ **Date of Request** _____

Report adverse events or product complaints to: 1-844-848-6543 or ae@encorederm.com

For Encore Dermatology Use Only

State License is Validated, Unexpired. Request Form Audited and is eligible to receive samples:

Auditor: _____ Initials: _____ Date: _____