



SAMPLE REQUEST FORM

Thank you for your interest in obtaining PRIMSOL® Solution samples!

To receive samples:

- 1) Sign and date this form after providing the requested information; and
- 2) Fax this form to 1-704-941-2507.

Name: _____
First Middle Initial Last

Delivery Address: _____
(no P.O. boxes)

City: _____ State: _____ Zip: _____

Email: _____ Specialty: _____

Telephone: _____ Fax: _____

You will receive the following samples:



<p>PLEASE CHECK BOX FOR DESIRED QUANTITY: <input type="checkbox"/> 8-20mL bottles <input type="checkbox"/> 16-20mL bottles</p> <p style="font-size: small;">NDC#13551-501-01</p> <p style="font-size: x-small;">NOTE: If left blank, default order is 8-20 mL bottles. Please allow 10 days for delivery of samples.</p>
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“By signing this form I certify that I have requested the items listed above in the quantities designated. I further certify that I am a licensed practitioner eligible to receive and prescribe these samples. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing, to request and receive these samples and that I have my supervising Physican’s approval to do so. My signature on this form certifies that I recognize that sample products are for the medical needs of my patients and will not be sold, traded, bartered, returned for credit or utilized to seek or obtain reimbursement.”

License #: _____	State of Licensure: [] MD [] DO [] NP [] PA	Professional Designation
SIGN HERE: X _____		_____
Licensed Practitioner Signature (No stamps)		Date

You can find product information at www.PrimsolSolution.com.
 If you have any questions regarding the PRIMSOL® Solution sampling program, please contact us at (704) 941-2500 ext. 118.

PRIMSOL® Solution is manufactured for and marketed by:
 FSC Laboratories, Inc. 6100 Fairview Road, Suite 1125, Charlotte, NC 28210