



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

To receive samples, please complete this form, sign and date it and fax it to 866-628-5186.

Medical Practice Name		
Address		
City	State	Zip/Postal Code
Phone	Fax	

You will receive the following samples:

Product	NDC#	Size	Quantity	
Primisol® Solution (trimethoprim hydrochloride 50 mg / 5 mL)	13551-501-01	20mL	<input type="checkbox"/> 4	<input type="checkbox"/> 6

*Please allow 10 days for delivery.

“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 Physician’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.”

Professional ID	BRCID
License Number	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Other (Please Specify) _____
State of Licensure	Professional Designation
Authorizing Practitioner Name (Print)	Specialty
Authorizing Practitioner Signature (No stamps)	Date

You can find product information at www.fscpediatrics.com or if you have any questions regarding the FSC Pediatrics product sampling program, please contact FSC at (704) 941-2500.

FSC Representative Name	Territory Number
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Primisol® Solution is manufactured for and marketed by:
FSC Laboratories, Inc. 6000 Fairview Road, Suite 600, Charlotte, NC 28210