



### Sample Request Form

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

\_\_\_\_\_  
Medical Practice Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

You will receive the following samples:

Product	NDC#	Size	Quantity (6 bottles per tray)	
			<input type="checkbox"/> 1 tray	<input type="checkbox"/> 2 trays
hycet (hydrocodone bitartrate and acetaminophen oral solution 7.5mg / 325mg per 15mL)	66479-574-01	1 fl oz / 30mL bottle	<input type="checkbox"/> 1 tray	<input type="checkbox"/> 2 trays

\*Please allow 10 days for delivery.

“By signing this form I certify that I have requested the items listed above in the quantities designated. This signature also verifies that I am currently licensed with the proper state authorities to receive controlled drug samples. 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

\_\_\_\_\_  
DEA number

\_\_\_\_\_  
Professional Designation

MD DO NP PA Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_  
Authorizing Practitioner Name (Print)

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Authorizing Practitioner Signature (No stamps)

\_\_\_\_\_  
Date

You can find out more about our products at [www.fscpediatrics.com](http://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

Marketed by FSC Pediatrics, Inc.  
Distributed by Xanodyne Pharmaceuticals, Inc.