INNOPRAN XL® propranolol HCl 80 mg 120 mg
EXTENDED RELEASE CAPSULES

Sample Request Form

Document # AKRXI-62500

Practitioner First Name	**Practitioner Last Name**			**Professional Designation** ☐ MD ☐ DO ☐ PA ☐ NP
Street Address	**Suite No.**	**City**	**State**	**Zip**
State License Number	**Office Phone Number**		**Office Fax Number**	
Office Contact Name	**Office Email Address**			

Product Number	Product Description	Please Check Item(s) Requested:
INX-PTEDKIT	InnoPran XL® Patient Ed. Kit	☐ Kit contains: • 1 Brochure holder; • 50 Savings Cards; • 25 Patient Brochures; and • 1 Product Insert
24090-450-77	InnoPran XL® Extended Release Capsules 80mg 7 count bottle sample	☐ 6 ☐ 12
24090-451-77	InnoPran XL® Extended Release Capsules 120mg 7 count bottle sample	☐ 6 ☐ 12

Quantity and frequency of orders may be limited due to availability and/or at the discretion of Akrimax.
Anticipated delivery time is 5 -10 business days.

Instructions: To receive the sample product you must be a licensed practitioner with a valid state license number who can legally prescribe in your state. Follow these instructions to place your request for samples.

Please note that requested drug samples cannot be shipped to you if any information is missing from this form.

1. Confirm that your full name, professional designation, office shipping address, state license number, and telephone number are printed correctly on this form.
2. Sign your name and provide the date of request where indicated below. A Practitioner's signature is required – NO signature stamps.
3. Return the completed form - **Using <u>One</u> of the following:**

Fax: **973-644-3310** (cover sheet not necessary)
email: akrimax@qpharmacorp.com
regular mail: **Akrimax c/o QPharma, Inc., 22 South Street, Morristown, NJ 07960**

Questions regarding program, call 877-446-9809.

Manufactured for Akrimax Pharmaceuticals, LLC by: Adare Pharmaceuticals, Inc. Vandalia, Ohio 45377

I certify that I am a licensed practitioner eligible to receive samples. I am requesting the following prescription samples from Akrimax for the medical requirements of my patients and acknowledge these samples cannot be sold, traded, bartered, or returned for credit

PLEASE SIGN AND DATE TO RECEIVE SAMPLES

X_____**DATE**_____
Practitioner's Original Signature (please sign your name here)

AKRIMAX PHARMACEUTICALS

November 2015
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