

<b>Practitioner First Name*</b>		<b>Practitioner Last Name*</b>		<b>Professional Designation*</b>	
				<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	
<b>Street Address*</b>			<b>Suite No.</b>	<b>City*</b>	<b>State*   Zip*</b>
<b>State License Number*</b>		<b>Office Phone Number*</b>		<b>Office Fax Number*</b>	
<b>Office Contact Name</b>		<b>Office Email Address</b>		<b>NPI Number</b>	
<b>Product Number</b>	<b>Product Description</b>			<b>Check the Box for Requested Strengths (Copay card included)</b>	
71858-0105-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 13 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0110-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 25 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0115-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 50 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0120-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 75 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0125-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 88 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0130-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 100 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0135-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 112 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0140-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 125 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0145-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 137 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0150-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 150 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0155-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 175 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
71858-0160-1	Tirosint <sup>®</sup> -SOL (levothyroxine sodium) MONODOSE 200 mcg 10 ampules			<input type="checkbox"/> 2 Boxes	
<b>PLEASE SIGN AND DATE TO RECEIVE SAMPLES</b> <i>I certify that I am a licensed practitioner eligible to receive samples. I am requesting the following prescription samples from [name] for the medical requirements of my patients and acknowledge these samples cannot be sold, traded, bartered, or returned for credit.</i>					
X _____		DATE _____			
<b>Practitioner's Original Signature (please sign your name here)</b>					

**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. A unique document ID# must be submitted with each request. \*\*DO NOT DUPLICATE 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 to: **1-973-644-2379** (cover sheet not necessary)

**For questions regarding the status of your order, please call the "IBSA Direct-to-Physician Support Line" at 1-877-446-9809.**

**FOR OHIO LICENSED PRESCRIBERS ONLY** – The Ohio Board of Pharmacy requires Terminal Distributors of Dangerous Drugs to obtain a TDDD license prior to accepting pharmaceutical drug samples, unless subject to the exemptions listed in ORC 4728.541. More information on Ohio's requirements can be found at <http://www.pharmacy.ohio.gov/PrescriberTDDD>. If you are under a TDDD license at the address listed above, you are required to provide that license number or attest to an exemption under Ohio law. If you are an Ohio licensed healthcare professional, who claims an exemption to the Ohio TDDD licensing requirement, by checking the box below and signing this form, you are attesting that you meet one of the licensing exemptions under ORC 4729.541. Your signature on this form serves as attestation that you meet the requirements for receiving the samples listed above under Ohio law.

Currently meet requirements under Ohio law (ORC 4729.51; see addendum), and am authorized by law to prescribe dangerous drugs in the course of my individual professional practice or hold a Terminal Distributor of Dangerous Drugs license; OR,

Meet one of the licensing exemptions under Ohio Revised Code § 4729.541, including, but not limited to (circle the appropriate selection):

- 1) sole proprietorship;  2) business practice with a sole shareholder; or,  3) dentist licensed by the Ohio Dental Board.

Sales representatives are not permitted to answer questions regarding Ohio's TDDD licensing requirements, please visit the Ohio Board of Pharmacy website or contact the Board of Pharmacy with any questions.

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