

# Exeltis Women's Health Virtual Sample Request Form

## Exeltis Women's Health Sample Order Fulfillment Warehouse

To receive your samples of Exeltis Women's Health products, complete this form and fax or email to the following:

**Fax: 614-652-8275**

**Email: [ExeltisSamples@cardinalhealth.com](mailto:ExeltisSamples@cardinalhealth.com)**

Your shipment of professional samples may only be sent to your office address. **PLEASE NOTE:** In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be forwarded.



Exeltis USA, Inc.  
180 Park Ave., Suite 101  
Florham Park, NJ 07932  
P: 844-718-0831 • F: 614-652-8275  
[www.exeltisusa.com](http://www.exeltisusa.com)

## PRACTITIONER INFORMATION

(Please print)

Professional Designation (Check One):  MD  DO  NP  CNM  PA

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

(Samples will not be issued or delivered to a PO Box; please provide your office street address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

State License Number\*(mandatory): \_\_\_\_\_ Exp. Date \*(mandatory): \_\_\_\_\_

## PRODUCT INFORMATION

Select the samples you wish to receive. Please allow 3-5 business days for delivery

- |   |                           |  |                            |
|---|---------------------------|--|----------------------------|
| <input type="checkbox"/> ITEM 0642-7470-02    | Slynd™ tablets, 10 Boxes  | <input type="checkbox"/> ITEM 0642-0096-01 | Vitafol® Fe+, 28 Boxes     |
| <input type="checkbox"/> ITEM 0642-7470-02KIT | Slynd™ Starter Kit, 1 Box | <input type="checkbox"/> ITEM 0642-0125-04 | Vitafol® Gummies, 18 Boxes |
| <input type="checkbox"/> ITEM 0642-7466-06    | NUVESSA™, 2 Boxes         | <input type="checkbox"/> ITEM 0642-0070-03 | Vitafol® One, 21 Boxes     |
| <input type="checkbox"/> ITEM 0642-0093-03    | Vitafol® Ultra, 28 Boxes  |  |                            |

### PLEASE CIRCLE BEST TIMES TO RECEIVE SAMPLES:

MON-AM/PM

TUE-AM/PM

WED-AM/PM

THURS-AM/PM

FRI-AM/PM

I hereby certify that I am a licensed practitioner eligible to request, receive, prescribe and dispense these samples at the location above. If I am a Nurse Practitioner or Physician Assistant, I hereby certify that I am authorized and eligible, in the state in which I am now practicing, to request and receive these samples and I have my supervising Physician's approval to do so. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit or seek third-party reimbursement for them.

Practitioner's Signature

(Original signature required—no stamps)

Date

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Ohio Law (ORC 4729.51) prohibits individuals (e.g., prescribers) from possessing prescription drugs without a terminal distributor of dangerous drugs license ("TDDD license") unless otherwise exempt. Guidance from Ohio State Board of Pharmacy on prescriber licensure can be found at: [www.pharmacy.ohio.gov/prescriberTDDD](http://www.pharmacy.ohio.gov/prescriberTDDD) If you or your practice do not possess a TDDD license for the "ship to" address of the requested samples, by signing this form, you attest that you do not require a TDDD license because you or your practice meet one of the exemptions under Ohio Law.