

# Sample Request Fax Form



To receive your complimentary samples of  
**SAPHRIS® (asenapine)**  
complete this form and fax it to:

**SAPHRIS® Sample Order Fulfillment**  
**FAX #: 1.866.765.7098**

Visit [ALLERGANACCESS.com](http://ALLERGANACCESS.com) to view Allergan savings programs and brand support resources. No login required.

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.**

		MD	DO	NP	PA
Practitioner name		Professional designation (Circle one)			
Phone number		Fax number			
Address (Samples will not be issued or delivered to a PO Box; please provide your office address.)					
City		State		ZIP code	

Product request:	Product description:	
<input type="checkbox"/> <b>SAPHRIS® (asenapine) Tablets 2.5 mg tablets</b> <small>(Please check)</small>	5 boxes of 2.5 mg tablets (each box contains 10 [ten] 2.5 mg tablets)	Manufacturer: Catalent Authorized sample distributor: Anda, Inc.
<input type="checkbox"/> <b>SAPHRIS® (asenapine) Tablets 5 mg tablets</b>	5 boxes of 5 mg tablets (each box contains 10 [ten] 5 mg tablets)	Manufacturer: Catalent Authorized sample distributor: Anda, Inc.
<input type="checkbox"/> <b>SAPHRIS® (asenapine) Tablets 10 mg tablets</b>	5 boxes of 10 mg tablets (each box contains 10 [ten] 10 mg tablets)	Manufacturer: Catalent Authorized sample distributor: Anda, Inc.

By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive, and dispense these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Allergan reserves the right to decline requests for samples from practitioners whose medical practice and/or patient population is deemed inconsistent with the approved product indication(s).

Practitioner/Physician signature	Date
State license number	Expiration date

**Please see full Prescribing Information, including Boxed Warning, available at [www.saphrishcp.com](http://www.saphrishcp.com).**



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