Sample Request - RALDESY™ (traZODone hydrochloride) Oral Solution 10 mg/mL

PRODUCT REQUEST INFORMATION

I certify, by signing below, that I am a licensed practitioner authorized by state and federal law to prescribe, request, and receive these drug samples. I am requesting these samples to be used by my patients and will not sell, purchase, trade, barter, return for credit, or offer to do so, or seek reimbursement for these samples.

◯ 1 pack containing 6 units of Raldesy™ 150 mL bottle

CONDITIONS: To receive product, you must be a licensed prescriber with a valid state license who can legally write a request and receive sample prescription drugs in your state. Validus reserves the right to modify or discontinue this sample program at any time, without notice. Your signature below certifies that you acknowledge and agree to these conditions and that all information provided in this form is true.

MEDICAL OFFICE/SHIP-TO INFORMATION

First Name*:

Last Name*:

Address 1*:

Address 2:

City*:

State*:

Zip Code*:

Phone No*:

Fax No*:

Email Id*:

MEDICAL PROFESSIONAL INFORMATION*

NPI # (REQUIRED)*

State License # (required)*

◯ MD ◯ DO ◯ PA ◯ APRN

*Select Professional Designation**

CERTIFICATION*

Practitioner's Signature (required)*

Date: MM / DD / YY

SUBMISSION INFORMATION

For faster delivery, fax this form to 1-800-801-6789 OR

Mail to AIM RX3PL, LLC
40F Cotters Lane, East Brunswick, NJ 08816

For more information about Validus' privacy practice, please view the Privacy Statement.

To report SUSPECTED ADVERSE REACTIONS or a product complaint, contact FDA at 1-800-FDA-1088 or www.fda.gov/medwatch or Validus Pharmaceuticals LLC at 1-866-982-5438 or info@validuspharma.com.

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