

# Sample and Resource Request Fax Form



Anti-Static Valved Holding Chamber

To receive your complimentary professional samples of

## AeroChamber Plus® Flow-Vu® Anti-Static Valved Holding Chamber

complete this form and fax it, along with a copy of your state license, to:

### AeroChamber Plus® Flow-Vu® Sample Order Fulfillment

FAX #: 1.866.765.7098

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	Pkg. size*	NDC number
(Please check one) <input type="checkbox"/> 1 FV Mouthpiece	AeroChamber Plus® Flow-Vu mouthpiece	1 (one)	NDC 0456-3154-67 Manufacturer: Monaghan Authorized sample distributor: Anda, Inc.
<input type="checkbox"/> 1 FV w/1 Large Mask	AeroChamber Plus® Flow-Vu mouthpiece with large mask	1 (one)	NDC 0456-0746-13 Manufacturer: Monaghan Authorized sample distributor: Anda, Inc.
<input type="checkbox"/> 1 FV w/1 Medium Mask	AeroChamber Plus® Flow-Vu mouthpiece with medium mask	1 (one)	NDC 0456-0745-13 Manufacturer: Monaghan Authorized sample distributor: Anda, Inc.
<input type="checkbox"/> 1 FV w/1 Small Mask	AeroChamber Plus® Flow-Vu mouthpiece with small mask	1 (one)	NDC 0456-0744-13 Manufacturer: Monaghan Authorized sample distributor: Anda, Inc.

\* Please note a maximum of 6 samples will be provided to any one office.

Product request	Product description	Code
<input type="checkbox"/> 1 package	Small/Medium Mask Instructions for Use (each tearpad contains 20 sheets)	Code: ACR27758
<input type="checkbox"/> 1 package	Large Mask/Mouthpiece Instructions for Use (each tearpad contains 20 sheets)	Code: ACR27758

By signing this form I request the product 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 product 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 product sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these product samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any product 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 / NPI number	Expiration date
-----------------------------------	-----------------



Allergan® and its design are trademarks of Allergan, Inc.  
AeroChamber Plus® and AeroChamber Plus Flow-Vu® are registered trademarks of Trudell Medical International.  
© 2016 Allergan. All rights reserved. ACR51006\_v2 08/16