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ani Pharmaceuticals, Inc.

VEREGEN® (sinecatechins) Ointment, 15%

DO NOT DUPLICATE

Please fax the completed Sample Request Form to 844-896-5307.

Request will be processed within 2-3 business days and delivered overnight via UPS.
ANI will only fulfill 1 order per month. For order status inquiry, please call 1-844-806-8301.

34943002

Practitioner Information

* Practitioner First Name: _____
* Practitioner Last Name: _____
* Professional Designation: ◯MD ◯DO ◯NP ◯PA ◯Other: _____
Office Name: _____
* Address 1: _____
Address 2: _____
* City: _____
* State: _____ * Zip Code: _____

* State License: _____
Specialty: _____
* Telephone: _____
* Fax: _____
Email: _____

Fields preceded with an * are required.

Product Information

Product Code	Product Description	Shipping Units	Quantity	Check
10337-450-66	VEREGEN® (sinecatechins) Ointment, 15%	Each unit contains 1 bin of 6 tubes of 2g samples.	2	◯

If no quantity is selected, you will receive 2 sample units.
Distributed by: ANI Pharmaceuticals, Inc., Baudette, MN 56623

Practitioner Authorization and Signature

DATE & SIGN HERE

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

For Ohio licensed healthcare professionals: the Ohio Board of Pharmacy requires Terminal Distributors of Dangerous Drugs to obtain a TDDD license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in ORC 4729.541. More information on Ohio's requirement can be found at http://www.pharmacy.ohio.gov/PrescriberTDDD Therefore, if you are an Ohio licensed healthcare professional who claims an exemption to the terminal distributor of dangerous drug licensing requirement, by checking the box below you attest that you meet one of the licensing exemptions under ORC 4729.541. Your signature on this sample request form serves as attestation and that you have the appropriate TDDD licensure or qualify under an exemption.

☐ Ohio TDDD Exemption

X* ☐☐☐☐☐☐☐☐ Date (MM/DD/YYYY)

X* _____ Licensed Practitioner's Signature

*** This request cannot be filled unless this form is signed and dated in ink. Signature must be original, not signature stamp.**

For inquiries, please call 844-806-8301.