



KRISTALOSE® (lactulose) For Oral Solution Sample Request Form

The Licensed Practitioner requesting the samples must fill out the information below in its entirety and personally sign the request. Please FAX this request to 800-801-6789 so your patients may receive the benefit of these samples.

Practitioner Information (Please Print Clearly)

Practitioner's First Name: _____ MI: _____

Practitioner's Last Name: _____ NPI # _____

Professional Designation (please check one): MD DO PA NP

State License #: _____

Please note that samples cannot be shipped to a P.O. Box.

Practitioner's Registered Location: Shipping Address

Street: _____ City: _____ State: _____ Zip _____

Code: _____

Practitioner's Office Phone: _____ Office Fax: _____

E-mail Address: _____

Check One or Both:

Quantity 6 66220-719-51 Kristalose® 10 gram samples boxes of 1 pouches

AND/OR

Quantity 6 66220-729-51 Kristalose® 20 gram samples boxes of 1 pouches

Kristalose® is manufactured for, and distributed by, Cumberland Pharmaceuticals Inc. (Nashville, TN).

I have requested the RX items above for the medical needs of my patients. I certify that I am currently licensed with the appropriate State authority to receive the drug samples indicated on this request.

PRACTITIONER'S SIGNATURE REQUIRED _____ Date: _____

(No Rubber Stamps)

I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these samples. I am the Practitioner responsible for prescription samples at the location listed above. 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 at the requested location listed above 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.

- ❖ One order request for shipment per 60 day period.
- ❖ Samples will not be shipped to Hospital Addresses. Samples are shipped to the Practitioner's registered address.
- ❖ Samples will NOT ship without a practitioner's actual signature and validation of the practitioner's State License Number.
- ❖ Practitioners will be validated with the current state licensure database by Cumberland Pharmaceuticals.
- ❖ Requested samples will be shipped via UPS Ground, signature required, within five business days upon receipt of completed form and completion of license verification – please allow shipping/delivery time to receive your samples.

Please sign and FAX to: 800-801-6789

