



Duramed Pharmaceuticals  
 c/o PRS, LLC  
 177 Witmer Road  
 Horsham, PA 19044  
 877-282-2775

Friday, 29 October, 2004

Dear Practitioner:

In order to request the drug samples listed below, please complete this form and fax it back to the Duramed fulfillment center at the following toll free fax number 866-FAX PRS1 or 866-329-7771:

Reference Number

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SL Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

DEA Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Request

Specialty

Designation

MD  DO  NP  PA  Other

NDC #	Product Description	Bottles Requested (Limit of 8 total bottles per order)
51285-424-34	Aygestin® (norethindrone acetate tablets, USP) 5mg	Bottles of 2 Tablets <input type="text"/>



Duramed Pharmaceuticals, Inc.  
 A subsidiary of Barr Laboratories, Inc.  
 2 Quaker Road  
 P.O. Box 2900  
 Pomona, NY 10970-0519

Practitioner's Signature

I hereby request the Rx items for the medical needs of my patients. I certify that I am currently licensed with the appropriate state authorities to receive the samples indicated on this receipt.