

Practitioner First Name		Practitioner Last Name		Professional Designation <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP	
Street Address		Suite No.	City	State	Zip
State License Number		Office Phone Number		Office Fax Number	
Office Contact Name		Request Date		Office Email Address	

Product Number	Product Description	Please Check Item(s) Requested:
72384-752-01	Stendra® (avanafil) 100MG 1CT, Tablets	<input type="checkbox"/> 6 Units
72384-753-01	Stendra® (avanafil) 200MG 1CT, Tablets	<input type="checkbox"/> 6 Units

*Quantity and frequency of orders may be limited due to availability and/or at the discretion of Metuchen Pharmaceuticals.  
Anticipated delivery time is 5 -10 business days.*

**Instructions:** To receive the sample product you must be a licensed practitioner with a valid state license number who can legally prescribe in your state. Follow these instructions to place your request for samples.

**Please note that requested drug samples cannot be shipped to you if any information is missing from this form.**

1. Confirm that your full name, professional designation, office shipping address, state license number, and telephone number are printed correctly on this form.
2. Sign your name and provide the date of request where indicated below. A Practitioner's signature is required – NO signature stamps.
3. Return the completed form - **Using one of the following:**

Fax: **1-844-272-9483** (cover sheet not necessary)  
Email: [Metuchen@HCPSamples.com](mailto:Metuchen@HCPSamples.com)

**\*For questions regarding the program, please call the "Direct-to-Physician Support Line" at 1-877-446-9809.**

*This form may not be re-used. Only use this form for one request. A maximum of 1 request will be processed per month. Additional requests cannot be processed.*

***I certify that I am a licensed practitioner eligible to receive samples. I am requesting the following prescription samples from Metuchen for the medical requirements of my patients and acknowledge these samples cannot be sold, traded, bartered, or returned for credit.***

<b>PLEASE SIGN AND DATE TO RECEIVE SAMPLES</b>	
X _____ <b>Practitioner's Original Signature (please sign your name here)</b>	DATE _____

Manufactured for Metuchen Pharmaceuticals, LLC by: Sanofi Wintroppe Industrie

Marketed and Distributed by:  
Metuchen Pharmaceuticals, LLC



August 2019  
PN 5290-2