## Sample Request Form

**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.

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: (844) 238-2673 (cover sheet not necessary)
   - Email: Metuchen@HCPSamples.com

*For questions regarding the program, please call the “Direct-to-Physician Support Line” at 866-714-7596.*

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.

### 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.**

### Please check item(s) requested:

<table>
<thead>
<tr>
<th>Product Number</th>
<th>Product Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>76299-321-01</td>
<td>Stendra® (avanafil) 100MG 1CT, Tablets</td>
<td>6 Units</td>
</tr>
<tr>
<td>76299-322-01</td>
<td>Stendra® (avanafil) 200MG 1CT, Tablets</td>
<td>6 Units</td>
</tr>
</tbody>
</table>

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**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.**

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**PLEASE SIGN AND DATE TO RECEIVE SAMPLES**

X ___________________________ DATE ___________________________

Practitioner's Original Signature (please sign your name here)

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Manufactured for Metuchen Pharmaceuticals, LLC by: Sanofi Winthrop Industrie

Marketed and Distributed by: Metuchen Pharmaceuticals, LLC

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