



PEXEVA® (paroxetine mesylate) Product Request Form

Please print clearly

Name: _____

Professional Title: ___ MD ___ DO ___ Other: ___

Street Address 1*: _____

Street Address 2: _____

City, State, Zip: _____

* Sample delivery to a PO Box is prohibited. Please enter street address only.

State License Number: _____

Expiration Date: _____

Telephone: _____ Fax: _____

E-mail: _____

Instructions: To request the product listed below check the box, sign and date the form, then fax back. You should receive your samples within 7-10 business days. This form must be filled out completely before your sample request can be processed. If you have any questions, please call us at 1-877-493-3619 (M-F 8am-5pm MST).

Upon completion, please fax your request to: 1-877-540-6497.

Please send me the following:

PEXEVA® (paroxetine mesylate) 20 mg Tablets (8 physician sample bottles)
Each sample unit contains 14 tablets.

PEXEVA® Co-Pay Benefit Brochure/Cards (1 pack containing 5 cards)

I CERTIFY THAT I AM CURRENTLY LICENSED WITH THE APPROPRIATE STATE AGENCIES AND AUTHORIZED TO RECEIVE THESE SAMPLES I HAVE REQUESTED THESE SAMPLES FOR THE MEDICAL NEED OF MY PATIENTS AND WILL NOT SEEK REIMBURSEMENT OF PAYMENT. I AGREE THAT THESE SAMPLES WILL NOT BE TRADED, SOLD, BARTERED FOR, OR RETURNED FOR CREDIT.

Physician Signature: _____ Date: _____

I am the above practitioner, and not signing on behalf of the practitioner.

For more information on PEXEVA® please visit us at www.pexeva.com.

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