

**ATTENTION:**

**DATE:**

*Please return this document via FAX within 2 business days*



## Sample Request Fax Form

To receive your complimentary samples of **OXYTROL® (Oxybutynin Transdermal System)**, just fill out this form and fax it. Your shipment of professional samples may only be sent to your office address.

### Watson Sample Order Fulfillment FAX#: 1-800-760-9224

NAME				
PHONE#:		FAX:		
STREET ADDRESS:				
<b>(Samples will not be issued or delivered to a PO Box; please provide your office street address.)</b>				
CITY:		STATE:		ZIP CODE:
<input checked="" type="checkbox"/> Yes, Please send me either 4, 8, 12 (Circle one size) <b>OXYTROL® (Oxybutynin Transdermal System)</b> 3.9 mg samples carton (carton contains 2 patches) NDC- 52544-0920-02      Manufacturer Watson Laboratories, Inc.				
PROFESSIONAL DESIGNATION (Circle one):				
	MD	DO	NP	PA
By signing this form I request the drug samples listed herein and certify that I am a licensed practitioner currently authorized under applicable federal and state law to request, receive and prescribe these drug samples. I also certify that I have requested these samples for the legitimate medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payor for these drug samples and I will not sell, resell, trade, barter, return for credit or seek reimbursement for any drug sample.				
PHYSICIAN SIGNATURE: _____			DATE: _____	
Authorized Practitioner Signature				
STATE LICENSE#: _____			Exp. Date: _____	

