

## Equetro® Sample Request

(carbamazepine extended release capsules)

### PRODUCT REQUEST INFORMATION

I certify, by signing below, that I am a licensed practitioner authorized by state and federal law to prescribe, request, and receive these drug samples. I am requesting these samples to be used by my patients and will not sell, purchase, trade, barter, return for credit, or offer to do so, or seek reimbursement for these samples.

[  ] Equetro® 100-mg sample size bottle (14 count), quantity: \_\_\_\_\_ bottles (**LIMIT 10 BOTTLES**)

CONDITIONS: To receive product, you must be a licensed prescriber with a valid state license who can legally request and receive sample prescription drugs in your state. If more than 10 bottles are requested, Validus will reduce the requested quantity to 10. If any information on this form is missing, including the requested quantity, your request will not be processed. Illegible entries will delay processing of your request. Validus reserves the right to modify or discontinue this sample program at any time, without notice. Your signature below certifies that you acknowledge and agree to these conditions and that all information provided in this form is true.

### MEDICAL OFFICE/SHIP-TO INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone No: (  )   Fax No: (  )

### MEDICAL PROFESSIONAL INFORMATION

\_\_\_\_\_  
State License # (Required)

MD DO PA APRN

Select Professional Designation

### CERTIFICATION

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

Practitioner's Signature (required)

### SUBMISSION INFORMATION

**For faster delivery, fax this form to 1-800-801-6789**

or mail to  
Validus Pharmaceuticals LLC  
c/o Saddle River Marketing Concepts  
600 Valley Health Plaza  
Paramus, NJ 07652

To report SUSPECTED ADVERSE REACTIONS, contact FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch)  
or Validus Pharmaceuticals LLC at 1-866-982-5436 or [info@validuspharma.com](mailto:info@validuspharma.com).