VELPHORO® (sucroferric oxyhydroxide) chewable tablets

REQUEST FOR SAMPLES

Fax the completed form (no cover sheet needed) to: 1-855-812-7818

This sample request form will expire on 12/31/2019

Project: Velphoro-W

PRACTITIONER'S NAME: (PLEASE PRINT CLEARLY)			
STATE LICENSE NUMBER:		DESIGNATION (PLEASE CIRCLE ONE):	MD DO NP PA
SPECIALTY:			
OFFICE NAME/ADDRESS: (CANNOT SHIP TO A PO BOX)			
CITY, STATE, ZIP CODE:			
OFFICE PHONE:		OFFICE FAX:	
MANUFACTURED FOR and DISTRIBUTED BY :	Fresenius Medical Care North America		**KJN:** 32416002

INSTRUCTIONS FOR REQUESTING SAMPLES

Thank you for your interest in product samples. Please follow the steps outlined below to assist in ensuring efficient delivery.

(1) Please verify all information is accurate on the form, including state license information, complete shipping address (no PO boxes), phone and fax, and correct as necessary, using blue or black ink to fill in all appropriate fields.

(2) Select the amount of samples that you would like to receive by circling one of the quantity options.

(3) Sign your name, provide your professional designation above and date the form.

(4) **Fax the form to 1-855-812-7818**

NDC Code	Product Description	Quantity:
49230-645-52	**VELPHORO®** (sucroferric oxyhydroxide) 500mg 1x30 chewable tablets	**4**

Your signature below indicates agreement to the following:

- The samples above are requested for use in my practice for the medical needs of my patients.
- I certify that I am authorized as a licensed practitioner to request and receive this product.
- I understand that either my signature or the signature of a responsible person in my office will be required as a receipt of delivery.
- I agree that these samples will not be traded, sold, bartered, or returned for credit.
- I agree that these samples will not be submitted to any public or private third-party payor (including, without limitation, Medicaid, Medicare, TRICARE, private insurers, or other third parties) for reimbursement.

Practitioner Signature (No stamps, please) | Professional Designation | Request Date

V3. JAN 2018

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