



## NOCDURNA® (desmopressin acetate) Sample Request Form

**Instructions:** To receive a product sample of NOCDURNA at no charge to you or your patient, you must be a licensed practitioner who can legally prescribe in your state. Follow these instructions to place your request for samples.

Please note that requested drug samples cannot be shipped to you if any information is missing from this form or you do not meet eligibility criteria.

1. Print this document. Enter your full name, shipping address, telephone number, and state license number and ensure all are printed correctly on this form.
2. Sign your name and provide the date of request where indicated below.
3. **A Practitioner's signature is required – NO signature stamps.**
4. Return the completed form using the following:

**Fax:** 614-652-7117 (cover sheet not necessary)

**Email:** antaressamples@cardinalhealth.com

**Regular mail:** Antares c/o Cardinal Health 501 Mason Rd, Ste 200, LaVergne, TN 37086

**\*Questions regarding the program, call 844-735-5950**

**Professional Designation** (choose one): MD DO NP PA

**Street Address:**

**Suite Number:**

**City:**

**State:**

**Zip Code:**

**State License Number:**

**Office Contact Name:**

**Office Fax Number:**

**NDC:** 55566-5050-3

**PRODUCT:** Nocdurna ® 55.3 mcg Sample

**Dosage:** 55.3.mcg per day

**Quantity** (choose one): 0 2 4 8

Quantity and frequency of orders may be limited due to availability and/or at the discretion of Antares Pharma, Inc. Anticipated delivery time is 5 -10 business days.

By signing and returning, I certify I am a licensed practitioner eligible to request, receive, prescribe, and dispense these complimentary samples at the location above. If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible in the state in which I am now practicing, to request and receive these samples and I have my supervising Physician's approval to do so. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit, or seek third-party reimbursement for them.

Original Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_