

# Analpram HC<sup>®</sup>

hydrocortisone acetate 2.5%  
pramoxine HCl 1% **Cream 2.5%**

## FREE SAMPLES

YOU MUST BE A LICENSED PRACTITIONER WHO CAN LEGALLY PRESCRIBE IN YOUR STATE TO REQUEST AND RECEIVE DRUG SAMPLES

### 1. PRINT THIS FORM AND FILL OUT COMPLETELY

- All information must be provided for request to be processed
- Original signature - No signature stamps

### 2. SEND COMPLETED FORM TO: Sample Department by either fax or email

**Fax #: (781) 843-7932**

**Email: [Analpramsamples@sebelapharma.com](mailto:Analpramsamples@sebelapharma.com)**

### 3. QUESTIONS? Please call Sebela Pharmaceuticals Inc. at: (800) 874-6756

Note: Please fill in all of the requested information. According to Federal Law, no drug samples can be sent if any information is missing on this form.



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Date \_\_\_\_\_

Practitioner's Name (Please print) \_\_\_\_\_

Office Address \_\_\_\_\_

(Cannot ship to P.O. box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Tel. # \_\_\_\_\_

Practitioner's  
Specialty \_\_\_\_\_

Practitioner's  
Signature \_\_\_\_\_ State License # \_\_\_\_\_  
(No stamps please)

Professional Designation: (Please check one) MD DO NP PA

**SAMPLE AUTHORIZATION:** By signing this sample request form, I certify that I am a licensed practitioner who can legally prescribe in my state. I am requesting the above sample(s) from Sebela Pharmaceuticals Inc., for the medical requirements of my patients.

**OHIO LICENSED HEALTHCARE PROFESSIONALS:** By signing this sample request form, I certify that the entity/practice location at which I am receiving drug samples either has a valid Ohio Terminal Distributor of Dangerous Drugs (TDDD) license or is exempt from the TDDD licensing requirement under one of the exemptions listed in ORC 4729.541.

ANA-799-1218A