

Request for Samples Online Fax Form



FAX: 817.595.5970

817.616.0791

email: samples@capellon.com

Please take Note: Your shipment of samples cannot be processed if this form is incomplete.

	MD DO NP PA
Practitioner Name	Professional Designation

Phone Number	Fax Number
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Address

City	State	Zip
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I, a licensed practitioner, requested and expect to receive the products shown on this document. My signature certifies authorization to prescribe, receive and dispense the drug samples requested.

Practitioner Signature	Date
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State License Number

Product (Please Check)	Indication:
<input type="checkbox"/> Rescon	Rhinorrhea/ Allergies
<input type="checkbox"/> Rescon GG	Liquid Decongestant
<input type="checkbox"/> Rescon DM	Liquid Cough & Cold
<input type="checkbox"/> Symax Duotab	IBS/ Incontinence