Combipatch®
(estradiol/norethindrone acetate transdermal system)
0.05/0.14, 0.05/0.25 mg per day

Sample Request Form

Fax to 833-975-1066

Noven Therapeutics, LLC.

34316002

WEB

Practitioner Information

Practitioner Name: _____

Professional Designation: ☐ MD ☐ DO ☐ NP ☐ PA Other: _____ Specialty: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

CombiPatch® (estradiol/norethindrone acetate transdermal system) Samples

Please check the box for each sample dose requested. You will receive 4 sample boxes per dose (one sample box contains 2 patches).

☐ CombiPatch 0.05/0.14 mg/day ☐ CombiPatch 0.05/0.25 mg/day

NOTE: While supplies last. Only one form can be submitted per month.

This form must be filled out completely before your sample request can be processed.

If eligible, you should expect samples to arrive within 2 weeks from the date your fax request is received. If you have any questions regarding your request, please call **1-877-540-6498** (M-F 8am-5pm EST).

Manufactured by: Hisamitsu Pharmaceuticals Co., Inc. Distributed by: Noven Therapeutics, LLC.

Practitioner Authorization and Signature

I, a licensed practitioner, certify that all the information on this form is correct and that I am licensed with the appropriate state authorities and eligible under state law to request, receive, prescribe, and dispense the above samples. I have requested the packaged quantities shown on this document for the product indicated. I understand and agree that the samples are subject to the requirements of the Prescription Drug Marketing Act and cannot be sold, traded, bartered, billed, returned for credit, or utilized to seek reimbursement.

For Ohio licensed healthcare professionals: the Ohio Board of Pharmacy requires Terminal Distributors of Dangerous Drugs to obtain a TDDD license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in ORC 4729.541. More information on Ohio's requirement can be found at http://www.pharmacy.ohio.gov/PrescriberTDDD. Therefore, if you are an Ohio licensed healthcare professional who claims an exemption to the terminal distributor of dangerous drug licensing requirement, by checking the box below you attest that you meet one of the licensing exemptions under ORC 4729.541. Your signature on this sample request form serves as attestation and that you have the appropriate TDDD licensure or qualify under an exemption.

___ Ohio TDDD Exemption

DATE & SIGN HERE

X* ☐☐☐☐☐☐☐☐ Date (MMDDYYYY)

X* _____ Licensed Practitioner's Signature

STATE LICENSE NUMBER: _____

PRESCRIBER NPI NUMBER: _____

Please see www.combipatch.com for full Prescribing Information, including Boxed Warning.

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