INP





DO NOT DUPLICATE Please fax the completed Sample Request Form to 844-896-5307.

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Practitioner Info	mation		
* Practitioner Fir * Practitioner La * Professional D Office Name: _ * Address 1: Address 2: * City:	st Name: st Name: esignation: \(\text{MD} \) \(\text{DO} \) \(\text{NP} \) \(\text{PA} \) \(\text{Other:} \) * Zip Code:	Specialty: * Telephone: * Fax: Email:	with an * are required
State:	** Zip Code:	_ Fields preceded	with an * are required.
Product Information Product Code	ion Product Description		Quantity
	<u> </u>		
62559-590-14	InnoPran XL 80 mg: Bottle of 14 Capsules		○ 6 OR ○ 12
62559-591-14	InnoPran XL 120 mg: Bottle of 14 Capsules		○ 6 OR ○ 12
If no quantity is selected, you will receive 6 sample units of each strength. Distributed by: ANI Pharmaceuticals, Inc., Baudette, MN 56623 Minimum 6 bottles Max 24 bottles			
I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these products. 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 products and that I have my supervising Physician's approval to do so. I have requested these products for the medical needs of my patients. I will not sell, resell, trade, barter, donate, return for credit or seek third-party reimbursement for them. Date (MM/DD/YYYY) Licensed Practitioner's Signature * This request cannot be filled unless this form is signed and dated in ink. Signature must be original, not signature stamp.			

Please see Full Prescribing Information including Boxed Warning for Cardiac Ischemia After Abrupt Discontinuation. The Full Prescribing Information including the Boxed Warning is available at www.innopranxl.com. InnoPran XL® is a registered trademark of ANI Pharmaceuticals, Inc.

For inquiries, please call 844-806-8301.



