

Up to **\$30** Rebate

**ONCE-DAILY**  
**OXISTAT<sup>®</sup>**  
**(oxiconazole nitrate)**  
CREAM, 1% LOTION, 1%  
○ marks the spot.

Cream

NDC 0462-0358-15 (15-g tube)

NDC 0462-0358-30 (30-g tube)

NDC 0462-0358-60 (60-g tube)

Lotion

NDC 0462-0359-30 (30-mL bottle)



This official rebate form **must accompany proof of purchase** (pharmacy prescription label [original or copy] showing amount paid, NDC code, and/or product name). No clubs or organizations are eligible. **OXISTAT<sup>®</sup> ONLY**. Offer not valid if prescription purchased under Medicaid, Medicare, or other federal or state health care programs. For residents of Massachusetts, offer valid only for customers with no public or private prescription coverage (see Mass. Gen. Laws ch. 175H, §3). Offer good only in USA. Offer void where prohibited by law, taxed or restricted, and may not be combined with any other coupon discount, free trial, or other offer. Rebate is limited to \$30 or the amount of your co-pay, whichever is LESS. Allow 8-10 weeks for processing. Not redeemable as a coupon. This rebate form must be mailed to address as noted. PharmaDerm reserves the right to rescind, revoke, or amend this offer at any time without notice. Rebate offer expires December 31, 2009.

# To receive your **OXISTAT**<sup>®</sup> (oxiconazole nitrate) rebate, you will need:

1. The NDC code from your **OXISTAT**<sup>®</sup> carton

**Cream**

NDC 0462-0358-15 (15-g tube)

NDC 0462-0358-30 (30-g tube)

NDC 0462-0358-60 (60-g tube)

**Lotion**

NDC 0462-0359-30 (30-mL bottle)

**OR** the prescription label from your purchase of **OXISTAT**<sup>®</sup>

2. Proof of amount paid  
3. This completed rebate form

PHARMACY NAME	PHONE #
PHARMACY ADDRESS	STORE #
RX #0000-0000000	DATE FILLED: 00/00/00
PATIENT'S NAME	
PATIENT'S ADDRESS	
Product Name	
NDC: 0000-0000-00	QTY: DAYS SUPPLY
PHYSICIAN'S NAME	
PHYSICIAN'S ADDRESS	
Refill X Times	

Complete and mail this form to:

**OXISTAT**<sup>®</sup> \$30 Rebate Offer 08-22884  
**PO Box 540007**  
**El Paso, TX 88554-0007**

Please call 1-800-891-1809 with any questions.

You can check the status of your rebate at [www.rebateshq.com](http://www.rebateshq.com).

Please understand that your personal information requested below will be held in strict confidence by independent administrators whose access is necessary for data processing, mailings, and follow-up.

By signing this card, you certify that you have not purchased your prescription under Medicaid, Medicare, or other federal or state health care programs. If you are a resident of Massachusetts, you are also certifying that you have no public or private insurance coverage.

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE PRINT CLEARLY

Name

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Address

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City/State/ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

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E-mail

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