



**DO NOT DUPLICATE**

**Please fax the completed Sample Request Form to 844-283-1199.**

Request will be processed within 2-3 business days. ANI will only fulfill 1 order per month.  
For order status inquiry, please call 1-844-806-8301.

34943002

**Practitioner Information**

\* Practitioner First Name: \_\_\_\_\_ \* State License: \_\_\_\_\_

\* Practitioner Last Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

\* Professional Designation: MD DO NP PA Other: \_\_\_\_\_ \* Telephone: \_\_\_\_\_

Office Name: \_\_\_\_\_ \* Fax: \_\_\_\_\_

\* Address 1: \_\_\_\_\_ Email: \_\_\_\_\_

Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

Fields preceded with an \* are required.

**Product Information**

Product Code	Product Description	Shipping Units	Quantity	Check
10337-395-66	ApexiCon® E Cream (diflorasone diacetate cream USP, 0.05% [emollient])	Each unit contains 1 bin of 6 tubes of 2g samples.	2	<input type="radio"/>
10337-359-66	Oxistat® (oxiconazole nitrate) Lotion, 1%	Each unit contains 1 bin of 6 bottles of 7 ml samples.	2	<input type="radio"/>
10337-153-66	Pandel® (hydrocortisone probutate) Cream, 0.1%	Each unit contains 1 bin of 6 tubes of 2g samples.	2	<input type="radio"/>

**If no quantity is selected, you will receive 2 sample units of each product.**

Distributed by: ANI Pharmaceuticals, Inc., Baudette, MN 56623

**Practitioner Authorization and Signature**

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.

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



**X\***

Date (MM/DD/YYYY)

**X\***

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.

**For inquiries, please call 844-806-8301.**