



Free Sample Request Form

Please PRINT out and send to the following:

MAIL this Form to:
WynnPharm Inc.
86 West Main Street
Freehold, NJ 07728

Or

FAX this Form to:
1-732-544-4085

First Name :

Last Name :

Circle One : Dr. RN ARNP PA NP Other: _____

Medical Practice

Address:

(Please note! Samples must be sent to your medical practice)

City:

State : Zip Code:

Phone: - - Fax No: - -

Email :

Signature: _____ Date: _____

Questions? Please call 1-800-214-9600



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