



# 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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