

**PHYSICIANS SAMPLE REQUEST FORM**  
**FAX COMPLETED FORM TO: 1-866-227-2380**

Physician's full name: \_\_\_\_\_

Professional designation: \_\_\_\_\_

Full ship-to address (**No PO Boxes**) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

e-Mail Address \_\_\_\_\_

**State License #** \_\_\_\_\_ **Expiration date** \_\_\_\_\_

**NAFTIN<sup>®</sup> (naftifine HCl 1%) Cream**  
**18 2g tubes**

**NAFTIN<sup>®</sup> (naftifine HCl 1%) Gel**  
**18 2g tubes**

I certify that I am a licensed practitioner eligible to request and receive these samples under state law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAX COMPLETED FORM TO: 1-866-227-2380**

If you have questions about your sample request, please contact us toll-free at  
866-858-5260

Merz Pharmaceuticals  
Distribution by: Triplefin

NAFTIN<sup>®</sup> SRWS.09-10