

DO NOT DUPLICATE

Please fax the completed XELSTRYM Marketing Materials Request Form to 678-716-5504 or email NovenSampleRequest@gsghome.com

Practitioner Information								
Practitioner Name:								
Professional Designation: MD D					NP	PA	Other:	Specialty:
Street Address 1:								
Street Address 2:								
City:								
Telephone:		Fax:		Email:				
Product Informa	tion							
Product Code		Product Description						Item Selection
25952-PPL10	Х	XELSTRYM Placebo Demo Patches Qty: 10						(QTY: 10)
XEL-3019-16		XELSTRYM Patient Education Brochure packs of 20						(QTY: 1 Pack)
XZP-2703-16	703-16 XELSTRYM Patient Education Brochure Holder (1 each)						(QTY: 1)	
XEL-2770-16	2770-16 XELSTRYM Application Site Quick Reference Guide packs of 20					(QTY: 1 Pack)		
Thank you for your interest in XELSTRYM. Should you need additional information on XELSTRYM, please visit www.xelstrym.com , or should you need to speak with someone regarding XELSTRYM, please contact Noven at 877-540-6498.								
Manufactured by: Hisamitsu Pharmaceutical Co., Inc. Distributed by: Noven Therapeutics, LLC.								
Practitioner Authorization and Signature								
DATE & SIGN HERE	SIGN X* X*							
PRESCRIBER NPI NUMBER: *This request <u>cannot</u> be filled unless this form is signed and dated in ink by the prescriber. Signature must be original, and not a signature								must be original, and not a signature stamp.

Please click <u>here</u> for full Prescribing Information, including BOXED WARNING.

