



## RediTrex<sup>®</sup> (methotrexate) injection Sample Request Form

The Licensed Practitioner requesting the samples must fill out the information below in its entirety and personally sign the request. Please FAX this request to 800-801-6789 so your patients may receive the benefit of these samples.

### Practitioner Information (Please print clearly)

Practitioner's First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Practitioner's Last Name: \_\_\_\_\_

Professional Designation (please check one):  MD  DO  PA  NP

State License #: \_\_\_\_\_

Please note that samples cannot be shipped to a P.O. Box

Practitioner's Registered Location—Shipping Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Practitioner's Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Check to confirm request

Quantity 4  66220-820-33 RediTrex<sup>®</sup> 20mg/0.8mL syringes

RediTrex<sup>®</sup> is manufactured for, and distributed by, Cumberland Pharmaceuticals Inc. (Nashville, TN).

I have requested the RX items above for the medical needs of my patients. I certify that I am currently licensed with the appropriate State authority to receive the drug samples indicated on this request.

**PRACTITIONER'S SIGNATURE REQUIRED** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(No Rubber Stamps)**

I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these samples. I am the Practitioner responsible for prescription samples at the location listed above. 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 at the requested location listed above and receive these samples and I have my supervising Physician's approval to do so. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit or seek third party reimbursement for them.

- One order request for shipment per 30 day period.
- Samples will not be shipped to Hospital Addresses. Samples are shipped to the Practitioner's registered address.
- Samples will NOT ship without a practitioner's actual signature and validation of the practitioner's State License Number.
- Practitioners will be validated with the current state licensure database by Cumberland Pharmaceuticals.
- Requested samples will be shipped via UPS Ground, signature required, within five business days upon receipt of completed form and completion of license verification—please allow shipping/delivery time to receive your samples.

**Please sign and FAX to: 800-801-6789**

**RediTrex<sup>®</sup>**  
*(methotrexate) injection*