

 **ZITHRANOL[®] Shampoo**
anthralin 1% | microcrystalline-encapsulated system

To receive one box of Zithranol Shampoo samples (12 tubes at 7.5 grams each) and a packet of rebate forms, complete the information below and fax toll free to:

866-909-8677

Name: _____
(Please Print)

Address: _____

City/State/Zip: _____

Professional Designation

MD DO PA NP

Office Phone# _____

Office Hours (samples are sent via FedEx Overnight, requiring a signature):

_____ T _____ W _____ Th _____ F

State License # _____ Exp. Date _____

Signature _____ Date _____

I certify that I am a licensed practitioner eligible to receive and prescribe these samples. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing to request and receive these samples and that I have my supervising physician's approval to do so. My signature on this request certifies that I recognize that this is a product sample for the needs of my patients and will not be sold, traded, bartered or returned for credit or third-party reimbursement.