



Dartisla ODT (glycopyrrolate) Orally Disintegrating Tablets

DARTISLA™ ODT (glycopyrrolate) 1.7 mg Sample Request Form

To receive complimentary samples of **DARTISLA™ ODT (glycopyrrolate) 1.7 mg**, complete this form and return to
Toll Free Fax #: 1-800-801-6789 or Email: samples@dartisla.com

In compliance with the Prescription Drug Marketing Act regulations, incomplete request forms cannot be processed and samples will not be shipped.

Practitioner Information

Practitioner First Name: _____ MI: _____ Practitioner Last Name: _____

Professional Designation (Select One): MD DO PA NP Other: _____

State License Number: _____ Expiration Date: _____

Practice Information

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Product Request

 **DARTISLA™ ODT (glycopyrrolate) 1.7 mg**

NDC 82111-518-10 (10 ODTs/Carton)

Quantity of Cartons Requested: _____
(maximum 3 cartons per sample request)

I certify I am a licensed practitioner eligible to request, receive, prescribe, and dispense medication samples. I am the Practitioner responsible for prescription samples at the location listed above. I have requested these samples for the medical needs of my patients. I understand that the sale or offer to sell a drug sample is a federal offense. I certify that I will not seek payment from any patient or third-party payer for these drug samples and I will not sell, resell, trade, barter, return for credit, or seek reimbursement for any drug sample.

Practitioner Signature: _____

Date: _____