

**NUTRIDOX® CONVENIENCE KIT
SAMPLE REQUEST FORM**



Instructions: Complete the required information below, including sample quantity requested, and fax or mail to address below. Upon receipt of this request and license verification, this sample request will be processed for shipment and receipt within 2 business days.

Fax completed requests to: (800) 521-0594

Or mail completed requests to:
NutriDox Sample Kit
1155 Charles Street
Suite 165
Longwood, FL32750

Questions?: Call Customer Service at: (800) 979-8327

Practitioner Name	FIRST	MI	LAST	PROFESSIONAL DESIGNATION
				<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> OD <input type="checkbox"/> PA <input type="checkbox"/> NP
Street Address (No PO Box)				
City		State		Zip
Telephone		Fax		Email
State License No.			Expiration Date	

**NutriDox® Sample Kit (58790-216-07)
(DOXYCYCLINE MONOHYDRATE CAPSULES, USP)¹
One kit includes 1 NutriDox® 75mg capsules and Theratears® Nutrition**

Sample quantity requested (please circle one, each tray contains 6 samples): **1 tray 2 trays 3 trays 4 trays**

My signature certifies that I am a currently licensed practitioner with the appropriate state authorities and have all necessary documentation required by law for me to request, sign for, receive and prescribe these samples. I am requesting these samples for the medical needs of my patients and acknowledge that these samples cannot be sold, traded, bartered, or returned for credit.

Original Practitioner's Signature

Date

NutriDox® Sample Kit (DOXYCYCLINE MONOHYDRATE CAPSULES, USP) is manufactured by Ohm Laboratories, Inc. and Distributed by Advanced Vision Research,® Inc.