



PHYSICIAN'S SAMPLE BOTTLE REQUEST

Request for sample bottles of LITHOBID® Extended-Release Tablets, 300mg (Lithium Carbonate, USP). There are 100 tablets in each bottle.

Physician First Name: _____

Physician Last Name: _____

Professional Designation: MD DO Other _____

Specialty: _____

State License #: _____ Expiration Date: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone #: _____ Fax #: _____

E-mail address: _____

Number of bottles requested: _____. Please limit your order to a **maximum of 2 bottles per month**. Bottles will be shipped to the address provided above.

Please fax completed form to **(877) 540-6497** for processing. Allow approximately 2 weeks for delivery. If you have any questions, please call us at (877) 493-3619.

I certify that I am currently licensed with the appropriate state agencies and authorized to receive these samples. I have requested these samples for the medical need of my patients and will not seek reimbursement of payment. I agree that these samples will not be traded, sold, bartered, or returned for credit.

PHYSICIAN'S SIGNATURE

DATE

In order to provide the requested sample bottles, we must have all the information requested above.

For more information on LITHOBID, please visit us at www.lithobid.net



11960 SW 144th Street ♦ Miami, FL 33186 ♦ Telephone: (305) 253-5099 ♦ www.noven.com