

Pertzye[®]
(pancrelipase) 
Delayed-Release Capsules

PERTZYE (pancrelipase) SAMPLE REQUEST FORM

To receive samples of PERTZYE[®], please return completed form by either:

FAX: (614) 553-6325 or Email: pertzyesamples@cardinalhealth.com

Note: Maximum of 12 total bottles per HCP per month.

**4,000 USP Lipase Units per capsule
(100 capsules per bottle)
NDC #59767-004-99
Quantity requested _____ bottle(s)**

**16,000 USP Lipase Units per capsule
(100 capsules per bottle)
NDC #59767-016-99
Quantity requested _____ bottle(s)**

**8,000 USP Lipase Units per capsule
(100 capsules per bottle)
NDC #59767-008-99
Quantity requested _____ bottle(s)**

**24,000 USP Lipase Units per capsule
(80 capsules per bottle)
NDC #59767-024-99
Quantity requested _____ bottle(s)**

Licensed Practitioner's Contact Information *(Please Print)*

Practitioner Name: _____ Professional Designation: MD DO NP PA

Healthcare Facility Affiliation: _____

Street Address: _____ Suite Number _____

City: _____ State: _____ Zip Code: _____

State License Number: _____ Office Phone Number: _____ Office Fax Number: _____

Office Contact Name: _____ Office Email Address: _____

Licensed Practitioner's Signature *(Required)*

Date *(Required)*

If you would like more detail on your data rights and how we use the personal information that you share with us, please see our privacy policy at <https://www.chiesiusa.com/privacy-policy/>

By signing and returning, I certify I am a licensed practitioner eligible to request, receive, prescribe, and dispense these complimentary samples at the location 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 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. I understand in order to continue to receive samples an acknowledgment of content/delivery must be signed. OHIO PRESCRIBERS ONLY: I understand that Ohio law (Rev Code 4729.51) requires me (or my practice) to hold a valid Terminal Distributor of Dangerous Drugs (TDDD) license or meet an exemption to receive prescription drugs, including samples. By signing this form, I certify that I (or my practice) possess a valid Ohio TDDD license for the "ship to" address on this form or I (or my practice) are exempt from the Ohio TDDD licensing requirements. Guidance from Ohio State Board of Pharmacy on prescriber licensure can be found at : www.pharmacy.ohio/prescriberTDDD.

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

Chiesi USA, Inc. does not ship PERTZYE samples to any licensed healthcare professional in the state of Vermont due to state laws restricting Rx drug sampling.

For any questions pertaining to your order, please call 888-315-7960. For any questions pertaining to the product or usage, please visit www.pertzyecares.com.

To report SUSPECTED ADVERSE REACTIONS, or any product defects, contact Chiesi USA at 1-888-661-9260 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

PERTZYE[®] is a registered trademark of Digestive Care, Inc.

PERTZYE[®] (pancrelipase) Delayed-Release Capsules are manufactured in the USA by Digestive Care, Inc.

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