

To receive product samples print this form, complete all fields, and sign where indicated. Also include a copy of your state license. Fax to 801-966-4177 or mail to:

Sample Requests
Pharmics, Inc.
PO Box 27554
Salt Lake City, UT 84127-0554

Sample Request Form

Name _____ Professional Designation _____

Address _____

City, State, Zip _____

Phone # _____

License # _____

Please send prescribing information and or samples of the products indicated below

Fem pH (Therapeutic Vaginal Gel)

- Sample
- Prescribing Information only

Ferretts tablets (Gluten Free Iron Supplement)

325 mg Ferrous Fumarate = 106 mg elemental iron

- Sample
- Prescribing Information only

Ferretts IPS liquid (Gluten Free, Non-Constipating Iron Supplement)

40 mg elemental iron per 15ml

- Sample
- Prescribing Information only

O-Cal FA – *dye free & gluten free*

Multivitamin and mineral with 1 mg Folic Acid

- Sample
- Prescribing Information only

O-Cal Prenatal – *gluten free*

Prenatal multivitamin and mineral with 1 mg Folic Acid

- Sample
- Prescribing Information only

The signature below attests that the products listed on this form were requested by the undersigned practitioner.

X _____
Signature of Requesting Practitioner Date