



Owen Mumford Sample Request

Patient Information *(to be completed by the Patient)*

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ EMAIL: _____

Samples Requested *(indicate sample preference by placing an 'x' in far right column)*

Product Description	Specification	X
Unifine® Pentips® Plus Pen Needles With Built-in Remover 	4mm x 32G	
	5mm x 31G	
	6mm x 31G	
	8mm x 31G	
	12mm x 29G	
Unifine® Pentips® Pen Needles 	4mm x 32G	
	5mm x 31G	
	6mm x 31G	
	8mm x 31G	
	12mm x 29G	

Although shorter needle lengths and thinner needle gauges are designed to deliver enhanced patient comfort, please be sure to always consult your healthcare professional before changing needle lengths.
 Please allow up to 8-10 weeks for delivery of samples. While supplies last. US only.

Healthcare Provider Information *(to be completed by the Pharmacist or Physician)*

Note: Your patient would like to sample Unifine pen needle products as part of their injection therapy routine. To approve, please review the request above, complete the section below and return via email (samples@owenmumfordinc.com) or fax (770-977-2866). Samples will be mailed to your facility along with a copy of this form. Once received, please follow-up with your patient to alert them that their samples are available for pick-up.

PHARMACY/HOSPITAL: _____
 PRESCRIBER: _____ TITLE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ EMAIL: _____
 SIGNATURE: _____ DATE: _____

REQUEST FOR ADDITIONAL SAMPLES Owen Mumford is happy to provide additional free patient samples for prescribers to distribute in accordance with their own discretion. To receive additional samples please check here.

PATIENTPREQFORM/OMI/0815/1/US

Please FAX request to 770-977-2866
 or EMAIL samples@owenmumfordinc.com