

REQUEST FOR ALVESCO® (ciclesonide)

all fields required

2023



INSTRUCTIONS FOR REQUESTING SAMPLES: To obtain supplies of the products listed below, complete the following: (1) Complete top portion of form with a licensed Practitioner's information, including Professional Designation, (2) indicate the materials requested by checking the appropriate box(es) below, (if none is selected), (3) sign your name, (Note: Practitioner signing this form must match the Practitioner Information as listed above), (4) date, and (5) **FAX THIS FORM BACK TO 609-222-6290 or EMAIL TO CovisSRF@hibbertgroup.com**

Practitioner Designation: MD DO NP PA OTHER _____

Practitioner First Name _____ Last Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

State License # _____ Expiration Date ____/____/____

Alvesco® (ciclesonide)
Inhalation Aerosol 80 mcg
30 Aerosol, Metered in
1 Inhaler
NDC#: 70515-711-03

Quantity: _____
(Max 12 units)

Alvesco® (ciclesonide)
Inhalation Aerosol 160 mcg
30 Aerosol, Metered in
1 Inhaler
NDC#: 70515-712-03

Quantity: _____
(Max 12 units)



I understand that Covis Pharma is providing sample product free of charge as indicated above for trial in new patients. I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these samples. 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 (if applicable). I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter or return them for credit. **Additionally, by signing below, I certify that I will not seek payment or reimbursement from any patient, third party payer (including but not limited to Medicare or Medicaid) or other entity for any samples I may receive free of charge as a result of this request.**

**SIGN
HERE**

Practitioner Signature (no signature stamps, please) _____

Date ____/____/____

Please confirm that your shipping address listed above is accurate before faxing or emailing this document. Sample request forms are processed and shipped to arrive to your site within five (5) business days following our receipt of a **complete and valid** sample request form. We do not ship product on **Thursday, Friday, Saturday and Sunday.**

ALVESCO REQUEST FOR SAMPLES
COVIS – FAX 609-222-6290
EMAIL – CovisSRF@hibbertgroup.com

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