AVANIR pharmaceuticals

Fax the completed form (no cover sheet needed) to: 1 (866) 329-7771

ONZETRA® Xsail® Sample Request Form

Shipment will contain 6 ONZETRA® Xsail® sample units and 2 demonstration kits.

Physician Name	First :		Last :			
State License Number (no abbreviations, please) :						
Professional Designation (check one)	MD ☐	DO ☐	NP ☐	PA ☐	Other :	
Address 1 :						
Address 2 :						
City :		**State :**		**Zip Code :**		
Phone :		**Fax :**				

ONZETRA Xsail
(sumatriptan nasal powder)
11 mg per nosepiece

ONZETRA® Xsail® is distributed by Avanir Pharmaceuticals, Inc.

Product Description: **ONZETRA® Xsail®** (sumatriptan nasal powder)	**NDC Code:** 64597-311-93
Size: 22mg/11mg per nosepiece (2 nosepieces per sample)	**Quantity:** 6

SIGNATURE BELOW INDICATES AGREEMENT TO THE FOLLOWING:

- The samples requested are for use in my practice for the medical needs of my patients.
- I certify that I am currently licensed with the appropriate state authorities to request, receive, and prescribe the samples indicated on this request form.
- I understand that either my signature or the signature of a responsible person in my office will be required as a receipt of delivery.
- I agree that these samples will not be traded, sold, bartered, or returned for credit.
- I agree that these samples will not be submitted to any public or private third-party payer (including, without limitation, Medicaid, Medicare, private insurers, or other third parties) for reimbursement.

Some states require a distribution license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in the state laws and regulations. More information on this requirement can be found at the state board website.

Your signature on this sample request/receipt serves as attestation that you have the appropriate licensure, if required, or qualify under an exemption under the state laws and regulations.

Licensed Physician's Signature	**Specialty**	**Date** (mm/dd/yyyy)

www.avanir.com **Tel:** +1 (949) 389-6700 30 Enterprise, Suite 400
Aliso Viejo, CA 92656