

DO NOT DUPLICATE

Please fax the completed Sample Request Form to 833-975-1066 or email NovenSampleRequest@knipper.com

Practitioner Information

Practitioner Name: _____
Professional Designation: MD DO NP PA Other: _____ Specialty: _____
Street Address 1: _____
Street Address 2: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
State License Number: _____

Product Information

Product Code	Product Description	Item Selection
68968-0172-7	Secuado® (asenapine) transdermal system 3.8 mg – 7 patches per carton	(QTY: 2 Cartons – 14 Total Patches)
68968-0173-7	Secuado® (asenapine) transdermal system 5.7 mg – 7 patches per carton	(QTY: 2 Cartons – 14 Total Patches)
68968-0174-7	Secuado® (asenapine) transdermal system 7.6 mg – 7 patches per carton	(QTY: 2 Cartons – 14 Total Patches)
SZP-3001-16	Patient Starter Kit (1 = 1 kit)	(QTY: 5 Kits)
SDO-3001-16	Patient Education Brochure with Placebo (1 = 1 pack of 5)	(QTY: 5 Packs of 5 = 25 Total)
SDO-3008-16	Patient Education Brochure Holder (1 each)	(QTY: 5 Holders)
SDO-3004-16	Secuado® Instructions For Use (IFU Booklet)	(QTY: 5 Booklets)
SDO-2716-16	Secuado® Dosing Guide (1 each)	(QTY: 5 Guides)
SDO-3009-16	Secuado® Co-Pay Flashcard (1 each)	(QTY: 10 Cards)

Thank you for your interest in SECUADO. Should you need additional information on SECUADO, please visit www.secuado.com, or should you need to speak with someone regarding SECUADO, please contact Noven at **877-540-6498**.

Manufactured by: Hisamitsu Pharmaceuticals Co., Inc. Distributed by: Noven Therapeutics, LLC.

Practitioner Authorization and Signature

**DATE &
SIGN
HERE**

I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these products in compliance with applicable state and federal laws. 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 products and that I have my supervising Physician's approval to do so. I have requested these products for the medical needs of my patients. I will not sell, resell, trade, barter, donate, return for credit or seek third-party reimbursement for them.

For Ohio licensed healthcare professionals: the Ohio Board of Pharmacy requires Terminal Distributors of Dangerous Drugs to obtain a TDDD license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in ORC 4729.541. More information on Ohio's requirement can be found at <http://www.pharmacy.ohio.gov/PrescriberTDDD>. Therefore, if you are an Ohio licensed healthcare professional who claims an exemption to the terminal distributor of dangerous drug licensing requirement, by checking the box below you attest that you meet one of the licensing exemptions under ORC 4729.541. Your signature on this sample request form serves as attestation and that you have the appropriate TDDD licensure or qualify under an exemption.

___ Ohio TDDD Exemption

X*

--	--	--	--	--	--	--	--

Date (MMDDYYYY)

X*

Licensed Practitioner's Signature

*This request cannot be filled unless this form is signed and dated in ink by the prescriber. Signature must be original, and not a signature stamp.

Please visit secuado.com for the full Prescribing Information, including **BOXED WARNING**.