

You have the right to opt out of receiving advertisements by fax. You may send us your opt-out request, along with the fax number to which your request relates, by telephone at 866-707-9568 or by fax at 866-329-7771. A failure to comply with an opt-out request within 30 days is unlawful.

Please review and complete the information below.

1 Complete the Prescriber Information requested below.

2 Prescriber must sign and date the form.

3 Fax form to: **1-866-329-7771**
OR

Mail to: Ascend Therapeutics
c/o PRS-Franklin
41 University Drive,
3rd Floor
Newtown, PA 18940
Phone: 800-526-2101

PRESCRIBER INFORMATION:

*must be completed in order to receive samples.

*Name: _____
(first, last)
*Address1: _____
(no P.O.Boxes)
*Address2: _____
*City: _____ *State: _____ *Zip: _____

*Professional Designation:
 MD DO NP PA Other: _____

*State Lic. Number: _____

*Phone: _____

*Fax: _____

E-mail address: _____

Where did you hear about this offer?

E-mail Md Alert Mailer Representative Colleague Other _____

I am requesting samples of the following

EstroGel[®] 0.06%
(estradiol gel)

10 EstroGel 0.06% (estradiol gel) 25g pumps
NDC: 17139-617-20

"By signing this form I certify that I have requested the drug(s) listed above in the quantities designated. I further certify that I am a licensed practitioner eligible to receive and prescribe these samples. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing, to request and receive these samples and that I have my supervising Physician's approval to do so. My signature on this form certifies that I recognize that sample products are for the needs of my patients and will not be sold, traded, bartered, returned for credit or utilized to seek or obtain reimbursement."



Prescriber's Signature (No Stamps) _____
Date

EstroGel, like all other estrogen hormone replacement therapies has a black box warning statement, therefore please refer to the EstroGel Important Safety Information and Prescribing information available on our website, www.estrogel.com EstroGel is contraindicated for patients with any of the following conditions: undiagnosed abnormal genital bleeding; known, suspected, or history of breast cancer; known or suspected estrogen-dependent neoplasia; active deep vein thrombosis, pulmonary embolism, or history of these conditions; active or recent arterial thromboembolic disease; liver dysfunction or disease; known hypersensitivity to ingredients in EstroGel; known or suspected pregnancy. In clinical studies, the most commonly reported adverse events for EstroGel were headache, infection, breast pain, vaginitis, abdominal pain, pain, and rash.