



Professional/Institutional Sample Request Form

This form is for registration, information, and request of samples. Please submit when ready to receive samples. Fax completed form to 813-792-5445 or email form to customerservice@medactive.com.

Please contact us at 813-792-5335 with any questions.

Select Type

- | | | |
|---|---|-------------|
| <input type="checkbox"/> Dental Office | <input type="checkbox"/> Institutional Pharmacy | Date: _____ |
| <input type="checkbox"/> Medical Office | <input type="checkbox"/> Independent Pharmacy | |
| <input type="checkbox"/> Institution | <input type="checkbox"/> Other _____ | |

Office/Facility/Organization Name: _____

How did you hear about us? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Contact Person: _____ Job Title: _____

Contact's Phone: _____ Contact's E-mail: _____

Shipping Address (If different from above): _____

Number of doctors in practice: _____

Number of other clinicians (ARNP/PA/Nurse/Hygienist): _____

For what specific condition(s) do you intend to use MedActive product samples?

Are you interested in receiving information on purchasing and/or selling MedActive Brands?

- YES NO

Notes/Comments: _____

MedActive Oral Pharmaceuticals, LLC.

6293 W. Linebaugh Ave. Tampa, FL 33625 • www.medactive.com • P: (813) 792-5335 • F: (813) 792-5445