



# SAMPLE REQUEST FORM

Name \_\_\_\_\_ Specialty \_\_\_\_\_

Street Address \_\_\_\_\_ Suite No \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Contact \_\_\_\_\_

Email \_\_\_\_\_ will be used solely by PamLab, L.L.C.  
for contact regarding your sample requests and for invitations and special offers related to your specialty. We use a secure email server.

Office Tel \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

State License # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

DEA # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

PamLab, please send the following samples for the use of the medical needs of my patients. I certify that I am a licensed practitioner eligible to receive these samples under applicable law, and that my state license is valid and current.

- Please send me 9 sample bottles (4 capsules each) of NéevodHA®
- Please send me more information on NéevodHA®

**Please stock the following pharmacies with NéevodHA**

Pharmacy Name	Address	City	State	Phone #

Signature \_\_\_\_\_ Date \_\_\_\_\_  
4.7.2011 dc Required for Samples

**PamLab, L.L.C.**  
**P.O. Box 8950**  
**Mandeville, LA 70470**  
**DEA# PP0034683**

**Phone: 985.893.4097**  
**Fax: 866.328.4185**  
**Email: [neevodha@pamlab.com](mailto:neevodha@pamlab.com)**  
**Website: [www.neevodha.com](http://www.neevodha.com)**



## Please Fax Back to 866-328-4185