



Licensed Practitioner Professional Sample Request Form

To Receive Samples, Please **FAX** form to **610-882-0349** or **E-mail** to **questions@pertzye.com**
If you have any questions regarding ordering Pertzye® please call 1-877-882-5950.

Product	✓	Quantity Requested (# of bottles)
Pertzye® (pancrelipase) 4,000 Lipase Units per Capsule NDC #59767-004-99 (100 capsules per bottle)		
Pertzye® (pancrelipase) 8,000 Lipase Units per Capsule NDC #59767-008-99 (100 capsules per bottle)		
Pertzye® (pancrelipase) 16,000 Lipase Units per Capsule NDC #59767-016-99 (100 capsules per bottle)		
Pertzye® (pancrelipase) 24,000 Lipase Units per Capsule NDC #59767-024-99 (80 capsules per bottle)		

Licensed Practitioner's Contact Information (Please Print):

Name/Professional Designation: _____

Healthcare Facility Affiliation: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Licensed Practitioner's Signature (required): _____ Date: _____
MD DO NP PA

State License Number (requested): _____