



# Licensed Practitioner Professional Sample Request Form

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

Product	✓	Quantity Requested (# of bottles)
Pertzeye <sup>®</sup> (pancrelipase) <b>4,000</b> Lipase Units per Capsule NDC #59767-004-99 (100 capsules per bottle)		
Pertzeye <sup>®</sup> (pancrelipase) <b>8,000</b> Lipase Units per Capsule NDC #59767-008-00 (20 capsules per bottle)		
Pertzeye <sup>®</sup> (pancrelipase) <b>16,000</b> Lipase Units per Capsule NDC #59767-016-00 (20 capsules per bottle)		
Pertzeye <sup>®</sup> (pancrelipase) <b>24,000</b> Lipase Units per Capsule NDC #59767-024-00 (20 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): \_\_\_\_\_  MD  DO  NP  PA Date: \_\_\_\_\_

State License Number (requested): \_\_\_\_\_

**G & E 02/25**



1120 Win Drive, Bethlehem, PA 18017-7059  
Voice: 1-877-882-5950 | Fax: 610-882-0349 | [www.pertzeye.com](http://www.pertzeye.com)

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