



# Licensed Practitioner Professional Sample Request Form

To Receive Samples, Please FAX form to 610-882-0349 or E-mail to [questions@pertzeye.com](mailto:questions@pertzeye.com)  
If you have any questions regarding ordering Pertzeye® please call 1-877-882-5950.

Product	✓	Quantity Requested (# of bottles)
Pertzeye® (pancrelipase) 4,000 Lipase Units per Capsule NDC #59767-004-99 (100 capsules per bottle)		
Pertzeye® (pancrelipase) 8,000 Lipase Units per Capsule NDC #59767-008-00 (20 capsules per bottle)		
Pertzeye® (pancrelipase) 16,000 Lipase Units per Capsule NDC #59767-016-00 (20 capsules per bottle)		
Pertzeye® (pancrelipase) 24,000 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): \_\_\_\_\_

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