Request Free LODOCO Samples for Your Patients

Practitioner Name (Required)

Professional Designation (Required)

Street Address (Required)

Suite Number

Address (Required)

City

State / Province / Region

ZIP / Postal Code

NPI Number (10-digit) (Required)

Office Phone Number (Required)

Office Email Address (Required)

Office Contact Name (Required)

Product Description: LODOCO (0.5 mg colchicine) 30 TAB - SAMPLE

Product NDC: 82867-001-02

Quantity (Required)

Practitioner's Original (Digital) Signature (Required)

Date

By signing and returning, I certify I am a licensed practitioner eligible to request, receive, prescribe, and dispense these complimentary samples at the location above. If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible, in the state in which I am now practicing, to request and receive these samples, and I have my supervising Physician's approval to do so. I have requested these samples for the medical needs of my patients and I will not sell, resell, trade, barter, return for credit, or seek third-party reimbursement for them.

OHIO PRESCRIBERS ONLY: I understand that Ohio law (Rev Code 4729.51) requires me (or my practice) to hold a valid Terminal Distributor of Dangerous Drugs (TDDD) license or meet an exemption to receive prescription drugs, including samples. By signing this form, I certify that I (or my practice) possess a valid OhioTDDD license for the "ship to" address on this form or I (or my practice) are exempt from the Ohio TDDD licensing requirements. Guidance from Ohio State Board of Pharmacy on prescriber licensure can be found at www.pharmacy.ohio/prescriberTDDD.

By signing this form, I agree to receive personalized commercial communication from AGEPHA Pharma by email.

Manufactured by: AGEPHA Pharma,
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NJ 07054

Distributed by: Cardinal Health,
501 Mason Road LaVergne,
TN 37086