

Sample Request Form

Instructions: Complete the required information below and fax to (407) 641-8790, or mail this completed request to the address below. Upon receipt of this request and license verification, samples will be processed for shipment. Please note that sample requests are limited to one per licensed practitioner per location per month.

BiDiI[®] Professional Samples Program
1155 Charles St – Suite 165
Longwood, FL 32750
Customer Service: (888) 417-7154

For Fastest Service

Fax to: (407) 641-8790

Physician Name: _____
(Please Print) First Name Last Name

State License Number: _____ Professional Designation: _____

Name of Practice: _____

Address: _____ Suite#: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Please check sample(s) requested



4 Bottles of 12 Tablets

6 Bottles of 12 Tablets

By signing this form I certify that I have requested the items listed above in the quantities designated. I further certify that I am a licensed practitioner eligible to receive and prescribe these samples. If I am a Nurse Practitioner or Physician Assistant, I certify that I am authorized and eligible in the state within which I am currently practicing to request and receive these samples and that I have my supervising Physician's approval to do so. My signature on this form certifies that I recognize that sample products are for the medical needs of my patients and will not be sold, traded, bartered, return for credit or utilized to seek or obtain reimbursement.

Licensed Practitioner Signature
Stamps can not be accepted

Date