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Visit abbvieaccess.com to view AbbVie savings programs and brand support resources. No login required.

Savings Cards will be sent only to your office address.							
		MD	DO	NP	PA	CNP	
Practitioner/Physician name			Professional designation (check one)				
Phone number	Email addre						
Address (Savings Cards will	not be issued or delivered to a PO Box; please provide you	ur office a	ddress)				
City	State	ZII	ZIP code				
State license number			Expiration date				
Resource request:	Resource description:		Code:				
1 package	BYSTOLIC® Patient Savings Card (each package contains 10 cards and 1 hole	der)	[US-BYS-210269]				
	atients with commercial insurance coverage and a valid BYSTOLIC prescriptic lease see back of Savings Card or go to https://www.bystolicsavings.com for					aid, or othei	

Practitioner/Physician signature

I requested the Savings Cards indicated for the legitimate needs of my patients and understand that eligibility for participation in the savings program is subject to Program Terms, Conditions, and Eligibility Criteria referenced above.

Please refer to the Privacy Statement at https://www.abbvie.com/privacy.html.



Date