To receive your complimentary samples of

## **UBRELVY®** (ubrogepant)

complete this form and fax it to:

1-866-858-4733



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

Your shipment of professional	samples may only be sent to your office address.						
Please Note: In compliance wi will not be forwarded.	ith the Prescription Drug Marketing Act, incompl	ete request forms	cannot be	processed a	nd samples	5	
		MD	DO	NP	PA	CNP	
Practitioner/Physician name		Profession	Professional designation (check one)				
Phone number		Email address					
Address (Samples will not be	e issued or delivered to a PO Box; please provide y	your office addres	s.)				
City	State	ZII	ZIP code				
State license number			Expiration date				
Product request:	Product description:		NDC #:				
(Please Check)  4 Boxes	UBRELVY® (ubrogepant) 50 mg Sample (each box contains 1 [one] tablet)		0023-6498-01				
4 Boxes	<b>UBRELVY®</b> (ubrogepant) 100 mg Sample (each box contains 1 [one] tablet)		0023-6501-01				
By signing and returning this form, I ackn complimentary samples of the above iten	owledge that I am currently licensed with the appropriate state and ns.	federal authorities to rec	eive this produc	t and would like.	AbbVie to provi	ide me with	
license or satisfy an exemption to the re distribution to patients. More informati titled Terminal Distributor Licensing of I Pharmacy information regarding requir	ess and distribute drug samples, Ohio law requires that prescriber equirements. A TDDD license allows a business entity to purchase on regarding Ohio's TDDD requirements and applicable exemptic Prescriber Practices (www.pharmacy.ohio.gov/PrescriberTDDD). Be ments to maintain a TDDD license; and (2) I or my practice (as a pisfy an exemption to the TDDD license requirements.	and possess prescriptions is available from the By signing below, I certif	on drugs, include Ohio Board of y that: (1) I revie	ling samples, at Pharmacy, inclu ewed and ackno	a specific addi ding a guidan owledge the O	ress for ce document hio Board of	
Practitioner/Physician signatu	ure	Date					
items. Sample shipments are made sub	he legitimate medical needs of my patients and may not charge n ject to product availability and regulated by state and federal law ical practice and/or patient population is deemed inconsistent w	. Samples are not for sa	le. AbbVie rese	rves the right to	decline reque	ests for	

Please see full Prescribing Information, available at ubrelvyhcp.com or visit https://www.rxabbvie.com/pdf/ubrelvy\_pi.pdf. Please refer to the Privacy Statement at https://www.abbvie.com/privacy.html.



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