FOUNDATION CARE

www.FoundCare.com

Fax to: 1-888-320-0688

Phone: 1-877-291-1122

samples@foundcare.com

Sample Request Form

To receive a sample, please complete this form, sign and date it and fax to (888) 320-0688 or scan document and provide via email to samples@foundcare.com

Licensed Practitioner's Last, First Name (Required) **Professional Designation (Required)**

Medical Practice Name (Required) **License #(Required)** **NPI#(Required)**

Office Address

City **State** **Zip**

Phone **Fax**

Please check the box to receive a sample of the following.

Check Box	Item Name
☐	**2 Samples of Clindesse®** **(clindamycin phosphate) Vaginal Cream 2%**
☐	**2 Samples of Evamist®** **(estradiol transdermal spray) 8.1ml**
☐	**2 Samples of Gynazole 1®** **(Butoconazole Nitrate Vaginal Cream USP, 2%)**

I am requesting these samples from Foundation Care for the medical needs of my patients. My signature certifies that I am a licensed practitioner eligible to receive these samples. These samples are prohibited from resale, trade or barter and will not be returned for credit.

Licensed Practitioner Signature (Stamped Signatures NOT Accepted)

Date

*As a Nurse Practitioner, I attest that I have met all appropriate state-level sampling conditions, including but not limited to collaborative or supervisory agreements with a physician.

[†]In accordance with individual state law regarding your professional designation.

In compliance with "Prescription Drug Marketing Act" regulations, only sample requests that are signed, dated and include State License numbers will be processed.

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Clindesse® (clindamycin phosphate) Vaginal Cream, 2%, is indicated for the treatment of bacterial vaginosis (formerly referred to as *Haemophilus* vaginitis, *Gardnerella* vaginitis, nonspecific vaginitis, *Corynebacterium* vaginitis, or anaerobic vaginitis) in non-pregnant women.

Note: For purposes of this indication, a clinical diagnosis of bacterial vaginosis is usually defined by the presence of a homogeneous vaginal discharge that (a) has a pH of greater than 4.5, (b) emits a "fishy" amine odor when mixed with a 10% KOH solution, and (c) contains clue cells on microscopic examination. Gram's stain results consistent with a diagnosis of bacterial vaginosis include (a) markedly reduced or absent Lactobacillus morphology, (b) predominance of Gardnerella morphotype, and (c) absent or few white blood cells.

Other pathogens commonly associated with vulvovaginitis, e.g., *Trichomonas vaginalis, Chlamydia trachomatis, N. gonorrhoeae, Candida albicans*, and *Herpes simplex virus*, should be ruled out.

Important Safety Information for Clindesse® (clindamycin phosphate) Vaginal Cream, 2%

Do not administer Clindesse to individuals with a history of hypersensitivity to clindamycin or other lincosamides. Reported reactions to other formulations of clindamycin include rashes, urticaria, erythema multiforme, and anaphylactoid reactions. Do not administer Clindesse to patients with regional enteritis, ulcerative colitis, or a history of Clostridium difficile-associated diarrhea.

Clostridium difficile-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including clindamycin, and may range in severity from mild diarrhea to fatal colitis. CDAD must be considered in all patients who present with diarrhea following antibiotic use. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against C. difficile may need to be discontinued.

This cream contains mineral oil that may weaken latex or rubber products such as condoms or vaginal contraceptive diaphragms. Therefore, the use of such barrier contraceptives is not recommended concurrently or for 5 days following treatment with Clindesse. During this time period, condoms may not be reliable for preventing pregnancy or for protecting against transmission of HIV and other sexually transmitted diseases.

Vaginal intercourse or use of other vaginal products is not recommended for at least 7 days following treatment with Clindesse. Most common adverse reactions (≥2%) of patients and at a higher rate in the Clindesse group than in the placebo group are vaginosis fungal (14%), headache (7%), back pain (5%), constipation (2%), and urinary tract infection (2%).

Please visit http://www.clindesse.com/pdf/PI.pdf for full prescribing information.

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Important safety information about Evamist®

WARNING: ENDOMETRIAL CANCER, CARDIOVASCULAR DISORDERS, BREAST CANCER, PROBABLE DEMENTIA and UNINTENTIONAL SECONDARY EXPOSURE TO ESTROGEN

See full prescribing information for complete boxed warning

Estrogen-Alone Therapy

- **There is an increased risk of endometrial cancer in a woman with a uterus who uses unopposed estrogens**
- **Estrogen-alone therapy should not be used for the prevention of cardiovascular disease or dementia**
- **The Women's Health Initiative (WHI) estrogen-alone substudy reported increased risks of stroke and deep vein thrombosis (DVT)**
- **The WHI Memory Study (WHIMS) estrogen-alone ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age and older**

Estrogen Plus Progestin Therapy

- **Estrogen plus progestin therapy should not be used for the prevention of cardiovascular disease or dementia**
- **The WHI estrogen plus progestin substudy reported increased risks of stroke, DVT, pulmonary embolism, and myocardial infarction**
- **The WHI estrogen plus progestin study reported increased risks of invasive breast cancer**
- **The WHIMS estrogen plus progestin ancillary study of WHI reported an increased risk of probable dementia in postmenopausal women 65 years of age and older**

Estrogens with or without progestins should be prescribed at the lowest effective doses for the shortest duration consistent with the treatment goals for the individual woman.

Unintentional Secondary Exposure

Breast budding and breast masses in prepubertal females and gynecomastia and breast masses in prepubertal males have been reported following unintentional secondary exposure to Evamist by women using this product. In most cases, the condition resolved with removal of Evamist exposure. Women should ensure that children do not come into contact with the site(s) where Evamist is applied. Healthcare providers should advise patients to strictly adhere to recommended instructions for use.

Evamist is an estrogen indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.

Evamist should not be used in women with undiagnosed abnormal genital bleeding; known, suspected, or history of breast cancer; known or suspected estrogen-dependent neoplasia; active deep vein thrombosis, pulmonary embolism, or history of these conditions; active or recent arterial thromboembolic disease; liver dysfunction or disease; or known or suspected pregnancy.

In a clinical trial with Evamist the most common side effects were headache, breast tenderness, nipple pain, nausea, back pain and nasopharyngitis.

Please see full prescribing information, including boxed warnings.

For more information about Evamist, visit http://www.evamist.com/pdf/Evamist_PI.pdf **for full prescribing information.**

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Gynazole•1® (Butoconazole Nitrate Vaginal Cream USP, 2%) is indicated for the local treatment of vulvovaginal candidiasis (infections caused by *Candida*). The diagnosis should be confirmed by KOH smears and/or cultures.

Note: Gynazole•1 is safe and effective in non-pregnant women; however, the safety and effectiveness of this product in pregnant women has not been established.

Important safety information for use of Gynazole•1 (Butoconazole Nitrate Vaginal Cream USP, 2%):

Gynazole•1 should not be used in patients with a history of hypersensitivity to any of the components of the product.

5.7% of patients enrolled in the Gynazole•1 clinical trials reported complaints such as vulvar/vaginal burning, itching, soreness and swelling, pelvic or abdominal pain or cramping, or a combination of two or more of these symptoms. 1% of patients had treatment-related complaints. 2% of patients discontinued the study due to adverse events.

This cream contains mineral oil. Mineral oil may weaken latex or rubber products such as condoms or vaginal contraceptive diaphragms; therefore, use of such products within 72 hours following treatment with Gynazole•1 is not recommended.

Recurrent vaginal yeast infections, especially those that are difficult to eradicate, can be an early sign of infection with the human immunodeficiency virus (HIV) in women who are considered at risk for HIV infection.

If clinical symptoms persist, tests should be repeated to rule out other pathogens, to confirm original diagnosis, and to rule out other conditions that may predispose a patient to recurrent vaginal fungal infections.

For more information about Gynazole-1 please visit http://www.gynazole-1.com/site/pdf/PI.pdf for full prescribing information.

Perrigo

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