

Rox San Pharmacy

"Your source for all your compounding needs."

SAMPLE REQUEST FORM

PHYSICIAN NAME _____
ADDRESS _____
PHONE _____
DATE _____

Dear Dr. _____,

It was a pleasure speaking with you today. In order to be in compliance with the California State Board of Pharmacy's rules and regulations, this written request is necessary prior to dispensing samples to your office. By signing this form, you acknowledge that a samples(s) is being dispensed to you and your office upon your request. I would like to thank you for helping us comply with the State Board of Pharmacy.

Medication:	_____	Quantity
	_____	Quantity
	_____	Quantity
	_____	Quantity

Signature _____ Date _____

465 N Roxbury Drive ♦ Beverly Hills, CA 90210
Tel: (310) 273-1644 or (888) 371-9919 Fax: (310) 276-4152 or (877)476-9726