



## Sheer DesenZ Sample Request Form

Thank you for your sample request!

The FDA classifies this product as a RX and requires that we obtain both your mailing details and your signature. You will receive a request confirmation phone call once the form is received and CAO will send your sample Product.

Sheer DesenZ Sample request

3% potassium nitrate gel for thermal sensitivity

Complete below and fax to (801) 256-9287

(Please Print)

Date \_\_\_\_\_

Doctors Name (First, Last): \_\_\_\_\_ Doctor's Title: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Please print this form, sign, and fax to (801) 256-9287 for your samples