



MyKidz Iron™ Supplements Sample Request Form

Mail, Fax or Email completed form to: Tris Pharma, Inc. Fax #: (732) 940-2855
 Attention: Sample Accountability Email: mykidziron@trispharma.com
 Brunswick Business Park
 2033 Route 130, Suite D
 Monmouth Junction, NJ 08852

*If you have more than one prescriber in the office who would like to request samples, complete one Sample Request Form. At the top of the form, please provide the full name, credentials and prescriber state license number (if requesting the prescription Fluoride project) of each additional prescriber. We will do our best to send an adequate amount of samples. **Sample requests may only be submitted once every 30 days.***

Practitioner's Name: _____
(Please Print) Last Name First Name M.I. Credentials

Practitioner's State License #: _____ *Only required for sample requests of MyKidz Iron FL™

Professional Designation: PED MD DO NP PA Other/Subspecialty _____

Practice Name: _____

Mailing Address: _____

Choose one: Home Practice City: _____ State: _____ Zip: _____

Phone #: _____ Mobile #: _____ Fax #: _____

E-mail: _____

Samples Requested – Each sample box contains six 1oz sample bottles

MyKidz Iron™ (liquid iron suspension with vitamins A, C & D) **10 mg iron/2 mL**

MyKidz Iron FL™ (liquid iron suspension with vitamins A, C & D and 0.25mg fluoride)
10mg of iron/2 mL – Rx only

MyKidz Iron 10™ (liquid iron ONLY suspension) **15mg of iron/1.5 mL**

Special Requests/Comments: _____

I certify that I am a licensed practitioner eligible to receive these samples under applicable law.

Practitioner's Signature: _____ **Date:** _____

Check here if you would like to receive product updates and promotional materials for MyKidz Iron Supplements (Requires valid e-mail address above).

