

DIFFERENT BRANDS



IDENTICAL INGREDIENTS + COVERAGE OPTIONS

Sample Request Form

**HAVE PROVIDER SIGN, INCLUDE LICENSE NUMBER, AND RETURN BY
FAX: 985-629-4090**

Provider's Name: _____

State License/Expiration Date: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

Office Phone: _____

Office Fax: _____

Name of Office Contact: _____

Medicaid Accepted: Y / N Genetic Testing: Y / N Tricare: Y / N

SIGNATURE OF LICENSED PROVIDER:

ENLYTE SAMPLES

ENBRACE HR SAMPLES

(FOR OFFICE USE ONLY) ENL QTY: _____ **ENB QTY:** _____