



FAX to 770-977-2866 or
EMAIL USSamples@owenmumford.com

SAMPLE REQUEST

YES! My pharmacy would like to request additional sample kits. (Please indicate the type of sample kit and products you would like from the selections below.)

Sample Kit Type (*choose one*):

- ☐ Customer Samples
- ☐ Samples for Evaluation by
Healthcare Facility or Pharmacy

Please Include:

- ☐ Unifine® Pentips® Pen Needles
- ☐ Unifine® SafeControl® Safety Pen Needles

TO BE COMPLETED BY PHARMACY

PHARMACY NAME

CONTACT NAME

TITLE

ADDRESS

CITY

STATE

ZIP

WORK PHONE

WORK EMAIL