



Sample Request form

Néevo™ caplets are indicated for the distinct nutritional requirements of those women under a physician's treatment for vitamin deficiency throughout pregnancy and the postnatal period for both lactating and non-lactating mothers, with particular emphasis for those individuals who have or are at risk for the MTHFR 677C>T polymorphism, and/or women over 35 years of age who are associated with higher risk pregnancies. It can be used prior to conception to improve nutritional status.

Name _____ Specialty _____

Street Address _____ Suite No _____

City _____ State _____ Zip _____

Name of Contact _____

Email _____ will be used solely by Pamlab, L.L.C. for contact regarding your sample requests and for invitations and special offers related to your specialty. We use a secure email server.

Office Tel _____ Ext _____ Fax _____

State License # _____ Expiration Date ___/___/___

DEA # _____ Expiration Date ___/___/___

Pamlab, please send the following samples for the use of the medical needs of my patients. I certify that I am a licensed practitioner eligible to receive these samples under applicable law, and that my state license is valid and current.

- Please send me samples of Néevo™
- Please send me more information on Néevo™

Please stock the following pharmacies with Néevo™

Pharmacy Name	Address	City	State	Phone #

Signature _____ Date _____
Website _____

Fax: 866-328-4185	Email: jcurrie@pamlab.com	DEA# PP0034683	
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Please Fax Back to 866-328-4185