SAMPLE INVOICE

Pharmaceutical Distribution Division

Invoice #: _____

Date: _____

From (Distributor):

_____
_____
License #: _____

To (Physician/Clinic):

_____
_____
DEA/NPI #: _____

NDC Number	Product Description	Lot Number	Exp. Date	Qty

Note: *Samples provided are not for sale. Professional use only.*

_____

Representative Signature

_____

Receiver Signature (Physician/Authorized)

Compliance Statement: This distribution is compliant with the Prescription Drug Marketing Act (PDMA) guidelines.