

This form must be completed when Free Goods for Patients are requested.

**Schering-Plough - UK**  
**Request for Free Goods for Patients – Emollients only**

I request the following:

Pack	Type	Quantity
Diprobace cream	15g	

Official/Practice Stamp  
 Pharmacy address required for hospitals

  
  
  
  
  
  
  
  
  
  

Telephone number:

**Prescribing Healthcare Professional or Hospital Pharmacist**

Name (please print)  Signature  Date	This form must be completed and handed to a Schering-Plough representative or posted or faxed to: Dermatology Product Manager Schering-Plough Limited Shire Park, Welwyn Garden City Herts AL7 1TW Fax number: 01707 363639
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**Important Information**

- These goods are for patient use and not for re-sale
- These goods will only be provided to prescribers or hospital pharmacists where there is a need to provide these goods to patients
- These goods will be provided on a fair and equitable basis; excessive amounts will not be provided
- These goods will be delivered to a hospital pharmacy department if the request comes from a HCP in secondary care

**Please provide the packs as indicated above**

Representative's Name	Representative's signature	Date
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For office use only

- SP validation
  PM endorsement
  IDN .....