

A153 Emollient Patient Demonstration Sample Request Form



To:
Aspire Pharma Limited
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Name of Requester:	
Job Title:	
Institution:	
GMC/ GPhC/ NMC / GDC / GOC / HCPC Registration No.: (please indicate as appropriate)	
Delivery Address:	
Tel.:	
Email:	

Please provide me with the following free patient demonstration samples:

Product	No. of Samples
Epimax Original Cream 15g	
Epimax Oatmeal Cream 15g	
Epimax Ointment 25g	
Epimax Paraffin-free Ointment 25g	
Epimax ExCetra Cream 15g	
Epimax Isomol Gel 15g	
Epimax Moisturising Cream 15g	
Epimax Eyelid Ointment 4g (maximum 5 per request)	
Epimax Sample Pack (maximum 5 per request)	

Form Ref:	A153	Approved by:
Version:	4.0	
Issue Date:	13/09/2023	
Supersedes:	3.0	

I hereby declare that I am a qualified Healthcare Professional and that the samples I am requesting may be used for patient demonstration purposes and will not be made available for re-sale.

Signed: _____ Date: _____

Aspire Pharma will process your personal data to provide the free medical sample, if appropriate, under the lawful basis of our legal right and our legitimate interests. Aspire Pharma's external privacy policy is available from our website (<http://aspirepharma.co.uk/privacy-policy/>).

Version History

A Document version number	Details of changes made
1.0	New A Document
2.0	Version history not in operation in previous version
3.0	Added sample selection for Epimax Eyelid Ointment 4g
4.0	Added sample selection for Epimax Sample Pack

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