

# Free Bonus Gift Certificate



To each her own:

## Here's how to get your **Natrelle**® Gel Bonus Gift.

- Bring this form when you visit your surgeon to discuss your **Natrelle**® Gel breast augmentation procedure and ask if Latisse® (bimatoprost ophthalmic solution) 0.03% and VIVITÉ® Vibrance Therapy are right for you.
- Have your medical doctor\* write a prescription for Latisse® using this form.
- After surgery, fill in your name, address, city, state, zip, email address, phone number, and **Natrelle**® Gel Patient ID Card information.
- Ask your doctor's office to complete and fax this prescription form to **1-800-501-1131**. Your free trial of Latisse® and your free trial of VIVITÉ® Vibrance Therapy, worth up to \$225, will be mailed to you. (Please allow 7 to 10 days for delivery.)

For assistance, call us at 1-800-505-3898.

Please print patient information.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

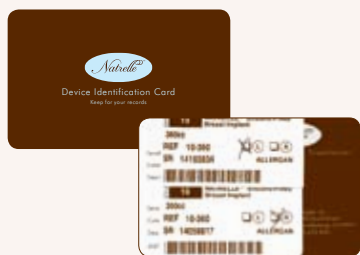
\*\*Email \_\_\_\_\_

Phone \_\_\_\_\_

\*Medical doctor = MD, DO, and/or an OD (optometrist) from any state in the United States except CA, CO, DE, IL, MD, or VA.

\*\*Providing your email address will allow tracking information to be sent to you regarding your product shipment.

Not for refill. Limit only one kit per code. Offer expires 6/30/10 while supplies last.



Patient ID Card Information

(L) Catalog No.: \_\_\_\_\_

(L) Serial No.: \_\_\_\_\_

(R) Catalog No.: \_\_\_\_\_

(R) Serial No.: \_\_\_\_\_

All fields are required in order for prescription to be valid.

Rx \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Patient Allergies \_\_\_\_\_

Patient Health Conditions \_\_\_\_\_

Disp. State License No. \_\_\_\_\_

DEA No. \_\_\_\_\_

National Provider No. \_\_\_\_\_

Medical Doctor Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Practice Phone No. \_\_\_\_\_

Medical Doctor Signature \_\_\_\_\_

