



SAMPLE REQUEST

FAX FORM

From: _____ To: PROTECH SKIN CARE
Phone: _____ Fax: 510-291-2811
Doctor: _____ Date: _____

We would like to keep you stocked with samples of **Protech Daily Moisturizer Sunscreen SPF 30+**. Please fax this request form to us when you are getting low on existing supplies of Protech. *Thank you!*

- Number of samples Daily Moisturizer SPF 30+ and *Sun Facts* brochure requested:
 300 600
- Number of patients seen per month: _____
- Number of Doctors in this office: _____

Office Manager/PA/MA responsible for sample room: _____
Email Address: _____
Phone Number: _____

- Preferred Shipping Method
 UPS Shipping Address: _____
 USPS Mailing Address: _____

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- Do you retail product? Yes No
If yes, please tell us where you retail: Office Online
If no, please refer your patients to www.protechskincare.com to purchase
 - Are you interested in becoming a Protech Retailer? Yes No