



## SAMPLE REQUEST FAX FORM

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

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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 in *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: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email 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](http://www.protechskincare.com) to purchase.

- Are you interested in becoming a Protech Retailer?  Yes  No
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