



Request Sample
for PATIENT

To ensure your patient receives a sample of Tyblume™,
either call or fax GoGoMeds® the required prescription below.

PHONE: 1-888-795-5826 | FAX: 1-877-766-0185

Tyblume™ New Prescription: Direct to Patient Sample

Patient Name: _____ Date of Birth: _____

Patient Address: _____ Patient Cell Phone: _____

Patient Email Address: _____

Patient Allergies: _____

Patient Conditions: _____

Patient Other Medications: _____

Medication: **Tyblume™** (levonorgestrel and ethinyl estradiol) tablets, 0.1 mg/0.02 mg DAW: Yes No

Quantity: **28 tablets** ICD-10: _____

Directions: **Take as directed on pack.**

Refills: **N/A**

Comments: **Please dispense Tyblume Sample.** _____

Prescriber Name: _____ Prescriber Phone: _____

Prescriber Fax: _____

Prescriber Address: _____

Prescriber DEA: _____ Prescriber NPI: _____

Date: _____

DEA: FS4987408 | www.GoGoMeds.com



For full Tyblume™ prescribing information and product package insert, visit tyblume.com.