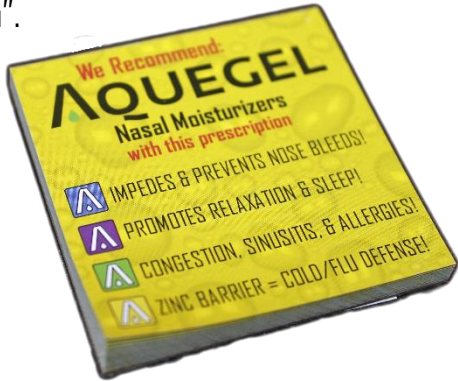


AQUEGEL

THIS FORM MUST BE COMPLETED AND RETURNED TO RECEIVE TEAR-TAG PROGRAM

Aquegel counters side-effects and complements many prescriptions that your pharmacy fills EVERY DAY! To help your staff identify which prescriptions to recommend Aquegel with, we provide the *free* "Tear-Tag Program".



The Tear-Tag Program Consists of:

1. Tear-Tag Books – *SEE IMAGE*
2. Base Drug List
3. Tear-Tag Program Instructions

The Tear-Tag Program is **extremely successful** to use Aquegel as **"add-on" revenue** for pharmacies AND a **solution to side-effects** for your patients! We don't want to send "Tear-Tags" if they will not be used. Therefore, we send the Tear-Tag Program when a pharmacy commits to the "Program Requirements" and completes the "Tear-Tag Request Form" (SEE BELOW). Tear-Tag Program Requirements:

- Completion of Employee Training Program
- Commitment to timely program set-up
- Commitment to program implementation

If your Pharmacy would like to receive the Tear-Tag Program, PLEASE COMPLETE THE FOLLOWING FORM.

TEAR-TAG PROGRAM REQUEST FORM

Fill in ALL SECTIONS BELOW and fax to the number provided inside the banner. Please call Account Manager for questions.

Pharmacy Name	
Phone Number	

1. Provide the first and last name of the employee that is assigned to "set-up" the Program:
2. If received within 10 business days, what date will program set-up/implementation be complete?
3. Who will ensure Tear-Tags are used and recommendations are made to patients?

FIRST NAME LAST NAME

SET-UP DATE

FIRST NAME LAST NAME

PRINTED NAME

SIGNATURE

PLEASE COMPLETE AND FAX TO: 1-866-895-6751 FOR QUESTIONS PLEASE CALL: 1-866-223-4838

TEAR-TAG PROGRAM REQUEST FORM

FAX TO: 1-866-895-6751