



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

Aquegel complements many base prescriptions that are filled by pharmacies on a daily basis. In order to provide the best customer service AND capitalize from “add-on” revenue, Aquegel Cosmetics, LLC provides the “Tear-Tag Program”. The Tear-Tag Program consists of: (15) Tear-Tag Books, complete “Base Drug List”, AND “Tear-Tag Program Instructions”. Your staff will be able to recognize relevant prescriptions AND make a recommendation for Aquegel!

The Tear-Tag Program has been extremely successful at each pharmacy that has implemented it, but we do not want to send the program to pharmacies that will not use it. Tear-Tag Program Requirements:

1. Completion of Employee Training Program
2. Commitment to timely program set-up
3. Commitment to program implementation

**TEAR-TAG PROGRAM REQUEST FORM**

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

<b>Pharmacy Name</b>	
<b>Phone Number</b>	

1. Provide the first and last name of the employee that is assigned to “set-up” the Program:
 

FIRST NAME	LAST NAME
2. If received within 10 business days, what date will program set-up/implementation be complete?
 

SET-UP DATE
3. Who will ensure Tear-Tags are used and recommendations are made to patients?
 

FIRST NAME	LAST NAME

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

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

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

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