Up To $25 Rebate

Rx Only

ROSULA®

(Sodium Sulfacetamide 10% and Sulfur 4%)

CLARIFYING WASH™

In a Urea Vehicle

This official rebate form **must accompany proof of purchase** (Pharmacy Prescription Label [original or copy] showing amount paid, NDC code and/or product name). No clubs or organizations are eligible. **ROSULA®** CLARIFYING WASH™ **ONLY**. Offer not valid if prescription purchased under Medicaid, Medicare, or other federal or state health care programs. For residents of Massachusetts, offer valid only for customers with no public or private prescription coverage (see Mass. Gen. Laws ch. 175H, §3). Offer good only in USA. Offer void where prohibited by law, taxed or restricted, and may not be combined with any other coupon discount, free trial, or other offer. Rebate is limited to $25 or the amount of your copay, whichever is LESS. Allow 8-10 weeks for processing. Not redeemable as a coupon. This rebate form must be mailed to address as noted. Doak Dermatologics reserves the right to rescind, revoke, or amend this offer at any time without notice. Rebate offer expires December 31, 2007.

To Receive Your ROSULA® CLARIFYING WASH™ Rebate You will need:

1. The NDC code from your **ROSULA®** CLARIFYING WASH™ carton (NDC 10337-667-16) **OR** The prescription label from your purchase of **ROSULA®** CLARIFYING WASH™ showing amount paid.
2. This completed rebate form

PHARMACY NAME PHONE #
PHARMACY ADDRESS STORE #

RX #0000-0000000 DATE FILLED: 00/00/00

PATIENT'S NAME
PATIENT'S ADDRESS

Product Name
NDC: 0000-0000-00 QTY: DAYS SUPPLY

PHYSICIAN'S NAME
PHYSICIAN'S ADDRESS

Refill X Times

Complete and mail this form to:

ROSULA® CLARIFYING WASH™
$25 Rebate Offer 07-72238
P.O. Box 540007
El Paso, TX 88554-0007

Reset Form

Please call 1-800-891-1809 with any questions.
You can check the status of your rebate at www.rebateshq.com.

By signing this card, you certify that you have not purchased your prescription under Medicaid, Medicare, or other federal or state healthcare programs. If you are a resident of Massachusetts, you are also certifying that you have no public or private insurance coverage

Signature _____ Date _____

PLEASE PRINT CLEARLY

Name

Address

City/State/Zip

Phone

E-mail

Manufactured for:
DOAK DERMATOLOGICS
A SUBSIDIARY OF BRADLEY PHARMACEUTICALS, INC.
BDY LISTED NYSE
Our Specialty is Dermatology®
383 Route 46 West • Fairfield, New Jersey 07004-2402 USA
1-800-405-DOAK • www.doakderm.com PA1882