

The Cold Symptom Relief Guarantee!

MedPointe Pharmaceuticals will reimburse you the out-of-pocket cost for your SINA-12X, RYNA[®]-12X, or TUSSI-12[®]D or TUSSI-12[®]DS prescription when the product has failed to relieve your cold, cough, or sinusitis symptoms, and your doctor has given you a replacement cold relief prescription. To receive your refund, mail this certificate, along with all of the required information, to the address indicated on the reverse. Include your SINA-12X, RYNA[®]-12X, or TUSSI-12[®]D or TUSSI-12[®]DS prescription label, the cash register receipt for the SINA-12X, RYNA[®]-12X, or TUSSI-12[®]D or TUSSI-12[®]DS prescription, and the cash register receipt for the replacement cold relief product prescription. Refund will be issued only to the patient, or to the parent or guardian of the patient, submitting this form. This form may not be reproduced. Limited to one refund per prescription. Not responsible for lost, damaged, or misdirected mail. **Expiration date: December 31, 2004.**

Void where prohibited by law for prescriptions reimbursed under Medicare, Medicaid, or other government programs, and in states that prohibit patient rebates if a third party pays any of the prescription price. Subject to all applicable federal, state, and local laws. Applicant represents that the amount to be refunded has not been reimbursed by any third-party insurance and that it will comply with the requirements of this rebate offer and its health plan, and MedPointe Pharmaceuticals relies on this representation.

medPointe
pharmaceuticals
medPointe Healthcare Inc.

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I have taken SINA-12X (phenylephrine tannate, guaifenesin), RYNA[®]-12X (phenylephrine tannate, pyrillamine tannate, guaifenesin), or TUSSE-12[®]D or TUSSE-12[®]DS (carbetapentane tannate, pyrillamine tannate, phenylephrine tannate), as my doctor prescribed, and have not experienced relief of my cold, cough, or sinusitis symptoms. I am enclosing the prescription label from the product I was taking, the cash register receipt for my prescription, and the cash register receipt for my replacement cold relief product. **Offer expires December 31, 2004.**

Note to patients: When fully completed, this certificate entitles you to a full refund of your out-of-pocket cost for SINA-12X, RYNA[®]-12X, or TUSSE-12[®]D or TUSSE-12[®]DS, when your doctor has given you a replacement cold relief prescription. Please attach the label and cash register receipt for the product(s) you were taking, along with the cash register receipt for the replacement cold relief product prescription AND this form. MedPointe Pharmaceuticals relies on this representation. Please see reverse for important information. **For a prompt refund, mail to: Cold Relief Guarantee, Dept. 40768, PO Box 134, Niagara Falls, NY 14302.**

(Please print)

Circle one:

SINA-12X
(phenylephrine tannate, guaifenesin)

RYNA[®]-12X
(phenylephrine tannate, pyrillamine tannate, guaifenesin)

TUSSE-12[®]D
(carbetapentane tannate, pyrillamine tannate, phenylephrine tannate)

or

TUSSE-12[®]DS
(carbetapentane tannate, pyrillamine tannate, phenylephrine tannate)

\$

Out-of-pocket cost of your prescription for
SINA-12X, RYNA[®]-12X, or TUSSE-12[®]D or TUSSE-12[®]DS

Patient Name

Patient Address

City

State

ZIP

Pharmacy (name and city)

