

Divigel® mail-in rebate offer

Save up to

\$15


0.25 mg 0.5 mg 1 mg

Receive up to a \$15 rebate
on your Divigel® prescription

Name *(Please Print)*

Address

City

State

ZIP

E-mail

- Please check this box, if you would not like to receive additional information from Upsher-Smith including information on Divigel® and other innovative healthcare products and services.

IMPORTANT: PLEASE SIGN BEFORE MAILING. YOUR SIGNATURE IS REQUIRED TO CONFIRM YOU'VE READ THE TERMS ON THE OTHER SIDE, AND THAT YOU ARE ELIGIBLE TO RECEIVE THIS REBATE. WITHOUT YOUR SIGNATURE AND PHARMACY RECEIPT, WE ARE NOT AUTHORIZED TO FULFILL THIS REBATE.

Please Sign Here: _____ Date ____/____/____

UPSHER-SMITH

Pharmaceuticals Since 1919

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Divigel® Rebate Offer

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To get your prescription rebate for Divigel®, here's what you need to do...

1. Fill your Divigel® prescription.
2. Circle the price you paid for Divigel® on the original, dated, store-identified pharmacy prescription receipt.
3. Confirm you meet "Eligibility Criteria" below and acknowledge eligibility by signing front side.
4. Enclose rebate and original receipt and mail to the address below.

That's it! You'll then be mailed up to a \$15 rebate check from Upsher-Smith Laboratories, Inc. within 6 to 8 weeks.

**Mail to: Divigel® Rebate
c/o Triple i
P.O. Box 2131
Morrisville, PA 19067-0631**

ELIGIBILITY CRITERIA: 1. This rebate is not valid for prescriptions purchased under Medicaid, Medicare, federal or state programs (including any state prescription drug programs), or private indemnity or HMO insurance plans which reimburse you for the entire cost of your prescription drugs. 2. You must deduct the value of this rebate from any reimbursement request submitted either directly by you or on your behalf. 3. This rebate is not valid for residents of Massachusetts, or where otherwise prohibited by law. 4. A completed rebate offer form and original dated store identified receipt must be submitted. Photocopies are not accepted. Receipt will not be returned. Rebate cannot be combined with any other rebate/coupon, free trial or similar offer. 5. Rebate is limited to \$15.00 or the amount of your co-pay, whichever is less. 6. Rebate is limited to 1 per person during this offering period and is not transferable. 7. Please allow 6 to 8 weeks for delivery. 8. Offer good only in the U.S. 9. Upsher-Smith reserves the right to rescind, revoke or amend this offer without notice. You understand and agree to comply with the terms and conditions of this offer as set forth above.

CONCERNING CONFIDENTIALITY: Upsher-Smith respects your right to have personal and medical information kept confidential. Upsher-Smith, and companies working with Upsher-Smith, will not share your personal and medical information with any third parties (such as outside mailing lists) and will use the information you provided to process your rebate request.

This offer is good from 10/1/07 through 12/31/08. Available by prescription only. DG19B