To Receive Professional Samples:

Before we can send any samples or literature, we must first determine the best ExtendBar sampling program for your needs. This normally requires a 15 minute consultation with our Professional Support group. To expedite the process, fill out the questionnaire below and fax it to **314-453-0300**. Or call us toll free at **800-887-2919** or direct at **314-336-0588, ext. 312.**

Check your preference for the 15 minute consultation:

_____ Call me at this phone number_____

Best day/time to call is _____

_____ I'll call you between 9:30am – 4:30pm CT at 314-336-0588, ext. 312

Contact Name, Title: _____

Company Name: _____

Address: _____

_____

City/State/Zip Code: _____

Phone: (_____) _____ FAX: (_____) _____

E-Mail: _____

1. **What type of environment do you practice your profession in?**

   ☐ Private practice ☐ Pharmacy ☐ Educational Setting
   ☐ Diabetes center/clinic ☐ Hospital setting ☐ Other _____

2. **How many individuals with diabetes do you treat and/or counsel in an average week?**

   ☐ Less Than 10 ☐ 26-50 ☐ More than 75
   ☐ 11-25 ☐ 51-75 ☐ I don't treat or counsel people with diabetes

3. **How do you see patients:**

   ☐ Primarily 1:1 setting ☐ Primarily in class setting ☐ Equally in both settings

4. **What percent of the patients that you interact with have:**

   Type 1 diabetes _____%
   Type 2 diabetes _____%
   Gestational diabetes _____%
   Impaired glucose tolerance _____%
   Hypoglycemia, unrelated to diabetes _____%

5. **What percentage of the individuals you treat and/or counsel do you think ExtendBar is appropriate for?**

   ☐ Few (1-10%) ☐ Many (41-75%)
   ☐ Some (11-40%) ☐ Most (76-100%)

6. **What percentage of the individuals you treat and/or counsel could afford ExtendBar ($1.40/bar)?**

   ☐ Few (1-20%) ☐ Many (41-75%)
   ☐ Some (21-40%) ☐ Most (76-100%)

7. **List a nearby pharmacy that you would like to have ExtendBar readily available for your patients?**
   Pharmacy Name: _____
   Contact Name, Title:_____
   Phone: (_____) _____

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