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**MERCK SHARP & DOHME**

solutions for an evolving world

**PATIENT REIMBURSEMENT FORM**  
(Please post back to address above)

**WITHDRAWAL OF VIOXX®**

Please complete the following:

CUSTOMER NAME:	ADDRESS (for postal of cheque):	PHONE:

Cheque payable to: \_\_\_\_\_

Cost of Doctor visit to change from Vioxx \$ \_\_\_\_\_  
(Please attach receipt)

**Please attach Vioxx pack/s including unused tablets with this signed form.**

I declare all of the above information to be true and correct.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**APPROVED BY:**