

More **EXTRAHELPINGS**™ | I WOULD LIKE TO RECEIVE **FREE**:

Multi-Vitamins

(Choose 1)

VITAMAX®

Chewable Tablets

- Cherry
- Grape
- Orange

Pediatric Drops

- Cherry

or

SourceCF®

Chewables

- Bubble Gum

Pediatric Drops

- Citrus

Softgels

and

Lactose Free Drinks

(Choose 1)

Nestlé® Carnation® Instant Breakfast®

Plus (High Calorie)

- Chocolate Splash
- Strawberry Burst
- Vanilla Swirl

VHC (Very High Calorie)

- Vanilla Swirl

Each request must be accompanied by a current proof-of-purchase (detailed pharmacy receipt) for a 30-day supply or more of CREON® MINIMICROSPHERES® (Pancrelipase Delayed-Release Capsules, USP). All orders are based on availability. Out of stock items will be substituted with similar items. Offer is limited to 1 coupon per patient per month. All fields on the reverse side of this coupon must be completed for this offer to be valid. This coupon cannot be duplicated; only original forms will be accepted. Not valid with prescriptions reimbursed by Medicare, Medicaid, or any federal or state health programs. Only valid for US citizens whose prescriptions are filled within the United States. Coupon is void where prohibited by law. Solvay Pharmaceuticals, Inc., reserves the right to withdraw or cancel this offer at any time without notice. Other conditions may apply.

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To receive your **free** bottle of **VITAMAX®** or **SourceCF®** Multi-Vitamins, and **Nestlé® Carnation® Instant Breakfast®** Lactose Free drinks, follow these 4 easy steps.

1. Fill your prescription for a 30-day supply or more of **CREON® MINIMICROSPHERES®**
2. Save the proof-of-purchase (detailed pharmacy receipt)
3. Complete all information on the front and back of this coupon and sign it
4. Mail your coupon and proof-of-purchase to:

CF Services Pharmacy

Attn: *MoreEXTRAHELPINGS*™

6931 Arlington Road, 2nd Floor

Bethesda, MD 20814

(800) 541-4959

Eligible applicants will be shipped the selected nutritional supplements along with another coupon at no cost within 7 to 10 days of receipt.

FREE

Nestlé® Carnation® Instant Breakfast® Lactose Free drinks plus **VITAMAX®** or **SourceCF®** Multi-Vitamins with a 30-day supply or more of

CREON® MINIMICROSPHERES®
5-10-20 (Pancrelipase Delayed-Release Capsules, USP)
*Numbers indicate 5,000/10,000/20,000 units of lipase

THE #1 PRESCRIBED PANCREATIC ENZYME IN THE US[†]

See reverse side for details.

CREON® MINIMICROSPHERES® is a registered trademark of Solvay Pharmaceuticals, Inc.; Nestlé®, Carnation®, and Instant Breakfast® are registered trademarks of Nestlé USA; SourceCF® is a registered trademark of SourceCF Inc.; VITAMAX® has been developed by and is a registered trademark of Shear/Kershman Laboratories, Inc.

[†]IMS US Retail Data, March 2004–February 2005.

Patient Name _____

Relationship Self Parent _____ (Name) Guardian _____ (Name)

Street _____

City _____ **State** _____ **ZIP** _____

Phone _____ **E-mail** _____

Doctor Name _____ **Doctor ZIP** _____

Prescription Strength CREON® 5 CREON® 10 CREON® 20

Length of Therapy 30 days 90 days

Prescription Type Refill New prescription

I qualify for *MoreEXTRAHELPINGS*™. I have been diagnosed with cystic fibrosis and take **CREON® MINIMICROSPHERES®** (Pancrelipase Delayed-Release Capsules, USP) as part of my daily treatment plan. I am not currently participating in Medicare, Medicaid, or any federal or state health programs. I have read all the information provided in this package and understand the terms of this agreement.

I understand and agree that Cystic Fibrosis Services (CF Services) may use the health information I provide for internal educational and/or marketing purposes, and may disclose certain health information to Solvay Pharmaceuticals, Inc., as required by law to report any adverse drug events. Both CF Services and Solvay Pharmaceuticals, Inc., will maintain the confidentiality of the health information. Solvay Pharmaceuticals, Inc., reserves the right to withdraw or cancel this offer at any time without notice.

Signature _____ **Date** _____ **Print Patient Name** _____

MoreEXTRAHELPINGS™