

**\$7 Mail-in Rebate for**

**A Clear Choice**

*for non-drowsy relief.*



*for the temporary relief of nasal congestion and dry non-productive cough associated with the common cold and other respiratory allergies.*

**Tenar™ DM**

(dextromethorphan HBr 15 mg,  
pseudoephedrine HCl 32 mg,  
guaifenesin 200 mg)

**Tenar™ PSE**

(pseudoephedrine HCl 40 mg,  
guaifenesin 200 mg)

*For prescriptions 4oz. or more of Tenar™DM or Tenar™PSE a \$7 mail-in rebate is available.\**

\*Not to exceed patient copay.

***This mail-in rebate is intended to help with the cost of your medication.***

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Rebates are not valid for prescriptions reimbursed under federally funded health care programs, including Medicare or Medicaid as well as similar state medical assistance programs. Offer void where prohibited by federal or state law or taxed. Offer good only in USA. Void in Minnesota, Massachusetts, Michigan, Rhode Island, except for prescriptions that are NOT reimbursed by third-party payer. Not responsible for lost, stolen or misdirected checks. Manufacturer reserves the right to rescind, revoke, or amend this offer without notice.

By my signature below, I certify that I am not being reimbursed for this product by Medicare or Medicaid, any other federal or state program, including any state pharmaceutical assistance program or any other third-party payers. I also understand that I am responsible for any reporting or other requirements with respect to receipt of this rebate.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

I have complied with all the terms of this offer.

\_\_\_\_\_  
Signature (*must be signed in order to be valid*)

**Submit:** This offer certificate must be filled out completely along with your dated proof of purchase receipt. Original receipt must include product name, number of ounces and cost to patient.

**Send to:** Centrix Pharmaceutical, Inc.  
Attn: Rebate Program  
31 Inverness Center Parkway, Suite 270  
Birmingham, AL 35242

**Receive:** \$7 refund check for prescription of 4 oz. or more.\*

\*Not to exceed patient copay. Please allow 8 weeks for delivery.



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Please sign me up for future email communications regarding Tenar™ DM or Tenar™ PSE rebate offers

\_\_\_\_\_ Representative Territory Number

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