

**Durasal**<sup>®</sup>  
(Salicylic Acid, 26%) **Rx**

Save Up  
To \$10!

### Patient Rebate Program

Here's how the Rebate Program works:

Completely fill out this official mail-in certificate. Attach the original pharmacy prescription receipt with the product name and price listed. No cash register receipts will be accepted. Make copies of all required documentation for your records. Mail this completed certificate and original pharmacy prescription receipt to:

Durasal Rebate Program  
100 Fairway Drive, Suite 134  
Vernon Hills, IL 60061

Please fill out the information below completely. I paid a \$  copay. Rebate is limited to \$10.00 or the amount of your copay, whichever is less.

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

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

Materials must be received by 12/31/10. There is a limit of one rebate for each prescription filled. No duplication or reproduction of this certificate will be accepted. Rebates are not valid for prescriptions reimbursed under any federal or state healthcare program, including any state medical assistance programs. This rebate form and your original pharmacy receipt must accompany this request. Offer void where prohibited by law, taxed, or restricted. Offer good only in the USA. Elorac reserves the right to rescind, revoke, or amend this offer without notice. Restricted in Massachusetts to prescriptions that are reimbursed by any third-party payer.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

By my signature, I certify that I meet and agree to the terms and conditions listed on this certificate. I certify that I am not being reimbursed by any federal or state healthcare program, including any state medical assistance programs. This certificate must be signed and dated to be valid. Allow 8-10 weeks for delivery of your rebate check.

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