

savings in tune with you

SAVE \$10

with every prescription— \$120 total



Harmonious with women's health.

value in tune with your goals

You work hard every day to achieve your goals. From your finances to your healthcare, you value things that help you stay strong and healthy.

That's why we've developed the Fortical® Nasal Spray rebate program. You will receive \$10 back on every Fortical® Nasal Spray prescription, for a total savings of \$120 for your first year of therapy.

Send your Fortical* Nasal Spray prescription receipt in with one coupon. In several weeks you'll receive a check for \$10. See the back of the coupon for details.

MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

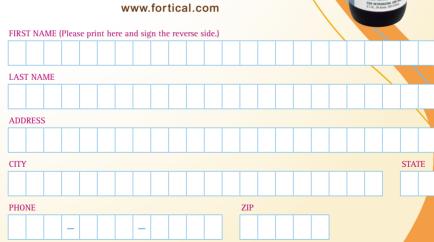
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

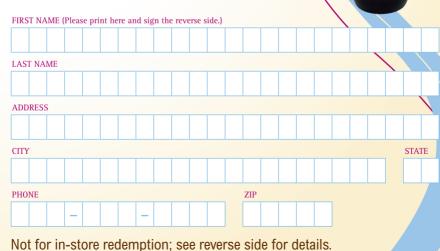
Signature	Date



MAIL-IN REBATE



www.fortical.com





www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

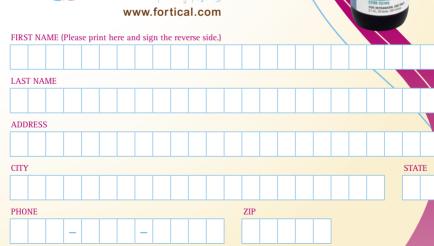
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

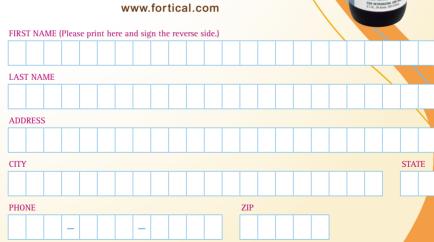
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

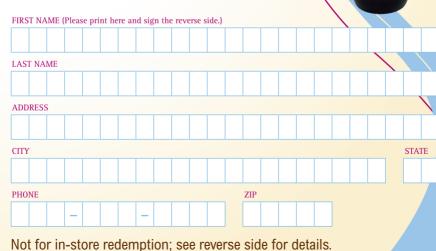
Signature	Date



MAIL-IN REBATE



www.fortical.com





www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

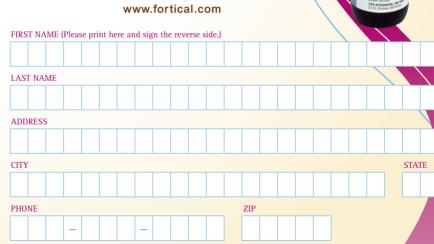
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

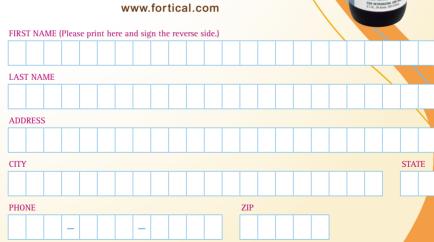
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

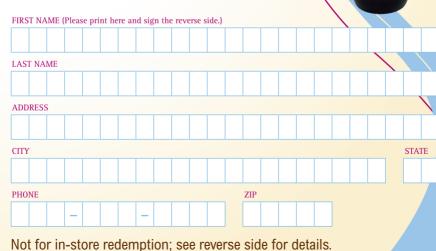
Signature	Date



MAIL-IN REBATE



www.fortical.com





www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

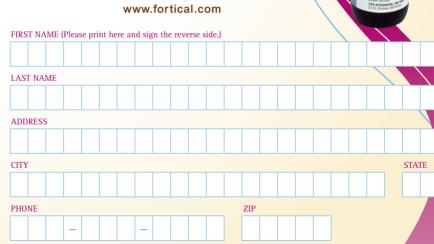
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

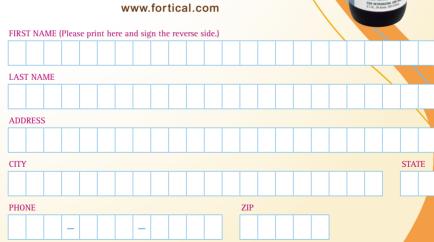
By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



MAIL-IN REBATE







www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

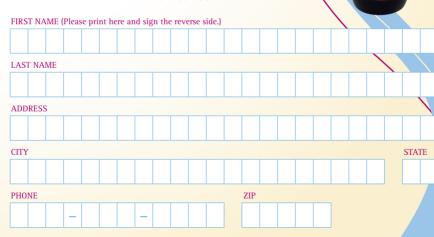
Signature	Date



MAIL-IN REBATE



www.fortical.com





www.fortical.com

To receive your rebate: You will receive \$10.00 when you fill in the information and send in the completed coupon along with a copy of your dated Fortical® Nasal Spray prescription receipt to:

PDI, 10 North Sussex St., Dover, NJ 07801-3912

By this form I agree that I am not eligible for reimbursement for this product by Medicaid, or any other federal or state program. Additionally, if I or someone else on my behalf is eligible for any reimbursement for this product from a government or third party payer, I will deduct the total amount of this rebate.

Signature	Date



dosing and administration in tune with your lifestyle

Fortical® Nasal Spray was designed to fit harmoniously into your busy life. It gives you the flexibility to take your treatment when you want, where you want, and with or without food and drink. You can also take your Fortical® Nasal Spray right before bed. All of these features are in tune with your busy life.

You only need to take Fortical® Nasal Spray once a day. Make sure you alternate each nostril every other day and take the amount of calcium and vitamin D recommended by your doctor daily.

Indicated for the treatment of postmenopausal osteoporosis in women greater than 5 years postmenopause with low bone mass relative to healthy premenopausal women. Recommended in conjunction with adequate calcium and vitamin D intake.

helpful hints for harmonious use

- Just one spray daily of Fortical® Nasal Spray daily, any time of the day — with or without food
- Refrigerate until opened
- Do not return the bottle to the refrigerator after opening
- Keep bottle in an upright position
- Alternate nostrils daily
- Discard product 30 days after opening
- Take your calcium and vitamin D daily

The most common adverse events were rhinitis, other nasal symptoms, back pain, arthralgia, epistaxis, and headache. Periodic nasal examinations are recommended; if nasal ulceration occurs, discontinue treatment until healed. Because calcitonin-salmon is a protein, the possibility of systemic allergic reaction exists. Please see enclosed important prescribing information.



