

## Desonate™ Tolerability Pledge

I hereby certify that I tried Desonate™ as directed by my physician and I stopped using the product because I suffered from irritation that my physician and I believe was due to the product. Accordingly, I am entitled to a refund under the Desonate Tolerability Pledge.\*

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address 1:

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

ATTESTED TO By Physician: I hereby certify that this patient has discontinued Desonate™ due to irritation that I believe was due to the product.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Medical License #

\*Terms and conditions: **The Desonate™ Tolerability Pledge is a limited warranty.** Patients will receive reimbursement of their out-of-pocket drug costs for one tube of Desonate from SkinMedica, Inc. if they had to stop using Desonate due to application site irritation (stinging or burning). Patients must produce a copy of the original pharmacy receipt for their one tube of Desonate in order for the Pledge to be applicable. Additionally, the physician must sign and date the printable form from this website certifying that after the patient used Desonate as directed, they had to stop using the product because they suffered from irritation the healthcare professional believes was due to the product.

NOTE: Not valid for patients reimbursed by federal healthcare programs including Medicare, Medicaid, CHAMPUS, the Department of Veterans Affairs, state maternal and child health block grant programs under 42 U.S.C. Section 701et seq, state social services block grant programs under 42 U.S.C. section 1397 et. seq. or any other similar federal or state healthcare program; of for patients in MA, MI, MN, and OH. Offer void where prohibited by law, taxed or restricted. No group or organization request will be honored. SkinMedica, Inc. reserves the right to rescind, revoke or amend this offer at any time without notice. This warranty gives you specific legal rights, and you may also have other rights which vary from state to state. Limit one reimbursement per household. This form must be completed in full; incomplete forms will not be returned or processed. For more information on Desonate or the Desonate Tolerability Pledge, call (800) 680-5212.