TRILIPIX® (fenofibric acid) delayed-release capsules

Save up to $15 on TRILIPIX

Up to $15 rebate on your prescription

To get your **TRILIPIX** rebate:

1. *Fill your prescription at your pharmacy.*
2. *Keep the cash register receipt showing the amount paid, along with proof of your TRILIPIX prescription (such as a duplicate prescription label or pharmacy receipt marked "TRILIPIX").*
3. *Fill in your name and address on this certificate.*
4. *Enclose this rebate certificate with your proof of amount paid and proof of TRILIPIX prescription in an envelope. All three items must be included to receive your rebate.* **Please make a copy of the information you submit, receipts will not be returned.**
5. **Mail to: TRILIPIX Rebate Offer, P.O. Box 1190, Morrisville, NC 27560. Please allow 4-6 weeks to process and deliver this rebate.**

Patient: Please print all of the information below.

*Last Name _____

*First Name _____

*Address _____

*City _____

*State _____ *Zip _____

* Required to receive rebate.

Eligibility: *This offer is not valid for prescriptions reimbursed under Medicare, Medicaid, or similar federal or state programs or private insurance in the state of Massachusetts. Offer void where taxed, restricted, or prohibited by law. Rebate valid within 90 days from the prescription fill date. This rebate is valid only for TRILIPIX. For questions concerning the processing of this rebate, contact the TRILIPIX Rebate Center at 1-866-514-6799.*

For future offers and savings please include your signature and email address below.

By checking the box and signing below, we'll also be able to send you valuable information about additional TRILIPIX savings for patients and information about this product. If you prefer to be contacted via e-mail, please provide your e-mail address.

☐ *(1) I understand that the information I've provided will be used only by Abbott Dyslipidemia Franchise and its contracted third parties to mail (and e-mail) me helpful information on dyslipidemia and related treatments, products and services, and for **marketing** and informational purposes. (2) Abbott Dyslipidemia Franchise will not sell or transfer my name or contact information to any third party for their marketing use. (3) To be removed from our mailing list or request a copy of this information, contact 1-866-665-6697.*

Signature _____

Email Address _____

Certificate valid through 12/31/2010 **Group # : X3170** **Cardholder # :** 100158477

If you cannot afford your medication, contact: www.pparx.org or call the toll-free phone number 1-888-4PPA-NOW (1-888-477-2669) for assistance.

For more information on TRILIPIX, please visit www.trilipix.com

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www.trilipix.com

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Abbott Laboratories reserves the right to alter or cancel this program anytime.