



UP TO

\$30.00 OFF

Receive 1/2 of your co-pay amount, up to \$30.00, when you fill a prescription for Clarifoam® EF, Salkera®, Kerafoam® or Kerafoam® 42. This coupon is valid for all sizes and line extensions of these four products.

Clarifoam EF
EMOLLIENT FOAM
SODIUM SULFACETAMIDE (10%), SULFUR (5%)

Salkera
EMOLLIENT FOAM
SALICYLIC ACID (5%)

Kerafoam
EMOLLIENT FOAM
UREA (30%)

Kerafoam 42
EMOLLIENT FOAM
UREA (42%)

DELIVERED IN

**Delevo
Foam**
The Science of Compliance™

To receive your rebate

Receive 1/2 of your co-pay amount (up to \$30.00) when you fill a prescription for Clarifoam® EF, Salkera®, Kerafoam® or Kerafoam® 42. This coupon is valid for all sizes and line extensions of these four products.

- **ATTACH THE ORIGINAL PHARMACY RECEIPT (containing the prescription number, product name and out-of-pocket expense). CASH REGISTER RECEIPTS WILL NOT BE ACCEPTED.**
- Make copies of all required documentation for your records.
- Fill in your information on the rebate and send in the completed rebate and your dated pharmacy receipt to:

Kerafoam, Salkera, Clarifoam EF Rebate Program
P.O. Box 99, Acworth, GA 30101-0099

Offer expires the earlier of 12/31/10 or 90 days from the date of prescription fill. Please allow 2-4 weeks for delivery of rebate. Limit one rebate form per envelope, rebate not to exceed the lesser of 1/2 the co-pay amount or thirty dollars, and only one rebate allowed per can of Clarifoam® EF, Salkera®, Kerafoam® or Kerafoam® 42 Emollient Foam.

Offer good only in U.S.A. Void where prohibited by law, taxed, or otherwise restricted. No discount will be allowed for prescription costs paid for entirely by insurance plans, or purchased under any federal government healthcare program, including Medicare or Medicaid, as well as any similar federal or state government healthcare programs. For customers in Massachusetts: this rebate is valid only for those without any prescription coverage.

Not valid if reproduced or submitted to other payer. It is illegal for any person to sell, purchase, trade, or offer to sell, purchase, or trade, or counterfeit this rebate. Onset Therapeutics reserves the right to rescind, revoke, or amend this offer without notice.

Onset
THERAPEUTICS

www.onsettx.com

COU100 REV. 1

COUPON CODE COU100

PLEASE PRINT:

PATIENT LAST NAME

FIRST NAME

PATIENT ADDRESS

CITY

STATE

ZIP

NAME OF PRODUCT PURCHASED

PATIENT PHONE NO.

PAY TO THE ORDER OF NAME
(IF OTHER THAN PATIENT)

PHYSICIAN NAME

CITY

STATE

ZIP

By my signature, I certify that I meet and agree to the terms and conditions listed on this coupon.

PATIENT SIGNATURE

For any questions regarding this prescription rebate, call 1-888-713-8154. Your pharmacist may need to be contacted in order to verify payment and prescription information.

Clarifoam[®]EF
EMOLLIENT FOAM
SODIUM SULFACETAMIDE (10%), SULFUR (5%)

Salkera[®]
EMOLLIENT FOAM
SULFURIC ACID (1%)

Kerafoam[®]
EMOLLIENT FOAM
UREA (30%)

Kerafoam[®]42
EMOLLIENT FOAM
UREA (42%)

This rebate will help offset your out-of-pocket cost when you purchase Clarifoam® EF, Salkera®, Kerafoam® or Kerafoam® 42 Emollient Foam. Please be sure your pharmacist fills the prescription exactly as written in order to receive your rebate.