

Save Up to \$20 on Mestinon[®] 60 mg. (pyridostigmine bromide tablets, USP)

**You Save Up to \$20 and
We'll Make a Donation of
\$10 to the Myasthenia
Gravis Foundation of
America EVERY TIME You
Use a Savings Certificate.**



www.mestinon.com
www.valeant.com

This is Your Mestinon Savings Certificate

Follow these easy steps for fast reimbursement:

1. Fill your prescription for Mestinon[®] 60 mg tablets.
2. Complete all the information on the back of this form (please print clearly).
3. Include your original Mestinon[®] pharmacy receipt and this savings certificate.
The receipt will not be returned.
4. Mail to: Mestinon[®] Savings Certificates
Valeant Pharmaceuticals International
4790 Irvine Blvd., Suite 105-337
Irvine, CA 92620

A check for \$20 or your co-payment (whichever is less) will be mailed to you within 2 to 3 weeks after receiving the required items. Federal Law prohibits selling, purchasing, trading, or counterfeiting this coupon. One coupon per prescription. This offer void where prohibited by law. This offer is invalid for patients whose prescription claims are reimbursed by 1) any government program, including without limitation, Medicaid or any other federal or state program or state pharmaceutical assistance program; 2) any third-party payer in the states of Massachusetts, Michigan, Minnesota, Missouri, Rhode Island, or Texas. Offer good for U.S. residents only. Offer expires **December 31, 2004**.

Mestinon[®] Savings Certificate

(pyridostigmine bromide tablets, USP)

Please take a moment to answer the marketing questions below:

(Completion is not required to receive your check)

1. How long have you been taking Mestinon[®]? Less than 1 year
 1-5 years
 More than 5 years

2. Did the pharmacist offer you a substitute generic product?
 Yes No

Your check will be mailed within 2 to 3 weeks after receipt of the required items. Thank you!



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Please print clearly or affix address label:

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Yes, please include me in providing ongoing Mestinon[®] updates or savings opportunities. I understand that the information I am providing may be used by Valeant and its business partners to provide me with information about Mestinon[®] and other relevant information. I understand that I can withdraw my consent by writing to Valeant at the address below.

By signing this certificate, I certify that I meet the certificate's eligibility criteria, my acceptance is consistent with the terms of any drug benefit provided by my health insurer or other third-party and I will report receipt of this rebate, as may be required.

Signature: _____

B-M027-0204