

## PRESCRIPTION DRUG & MEDICAL DEVICE AUTHORIZATION FORM

If purchasing prescription pharmaceuticals, please complete sections A & B

If purchasing an Automated External Defibrillator (AED) unit or other medical device, please complete sections A & C

Dear Valued Customer,

In order to ship you prescription pharmaceuticals, List1 Chemicals, and/or medical devices, we must have authorization from a licensed physician or other authorized prescriber. This individual needs to fill out the form below and fax a copy of this page and a photocopy of their license to 800-222-1934.

If your school/facility does not have a licensed physician or other authorized prescriber, but is licensed to purchase prescription pharmaceuticals and/or medical devices, please fax a copy of the license and this form for identification to 800-222-1934.

**A)** Name of School/Facility: \_\_\_\_\_  
Attention: \_\_\_\_\_ Customer #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**B)** I hereby authorize the internally designated representatives named below to order prescription products for this School/Facility. (please print)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Type of authorization:  Unlimited  Limited (please attach list of products)

Physician/Authorized Prescriber Signature: \_\_\_\_\_

Physician/Authorized Prescriber Name (please print): \_\_\_\_\_

\* State License Number: \_\_\_\_\_

\* DEA Registration Number: \_\_\_\_\_

\* Must include photocopy of license

**C)** I hereby acknowledge that I am aware that medical devices are intended for use by a physician or a person certified or trained to use such device.

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

State License/Certification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_