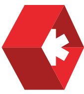

Emergency Medical Products

License Authorization Form

This form must be filled out by a Medical Director, Pharmacist-In-Charge, Physician, Dentist or other medical professional with prescriptive authority.

A CUSTOMER AND SHIPPING INFORMATION

Facility Name: ______________________________ Account #: ______________

Contact Name: ______________________ E-mail address: ______________________

Company Shipping Address: ____

City: __________________ State: ______ Zip: ________ Telephone: ______________

B PRODUCT CATEGORY AND LICENSE INFORMATION

As a medical professional with prescriptive authority, I am licensed to authorize and do give my permission for the shipment of items from the designated product categories listed below (please check one). [Please check appropriate box(es) and complete corresponding license information.]

☐ Unlimited Medications and Medical Devices - No Narcotics (State license is required)

☐ Unlimited Narcotics, Medications, and Medical Devices (Federal DEA license is required)

☐ Limited Narcotics, Medications, or Medical Devices - Please list specific items:

____

____

Medical License #: ______________________________ Expiration Date: ______________

☐ I wish to order Controlled Substances: License(s) authorizing these items is as follows:

DEA License #______________________________ Expiration Date: ______________

If you plan to purchase controlled substances, please have your Medical Director complete our DEA required Controlled Substance Survey in order to give us a baseline of your anticipated controlled substance usage. **DEA license must be specific to shipping address. Please provide either medical director, pharmacists-in-charge or entity DEA license that corresponds to desired shipping location. Regardless of shipping address specified in Part A, controlled substances will ship to address corresponding to DEA license provided.**

State Controlled Substance License #____________________ Expiration Date: ______________

State controlled substance license is required for certain states. For those states, both the DEA and state license must be provided.

C STATEMENT OF AUTHORITY AND SIGNATURE

I hereby swear under penalty of perjury that the license information provided is current and accurate and I am, therefore, licensed to authorize shipment of the substances indicated on this form to the facility or address designated.

Signature:______________________________ Date: ______________

Print Name: ______________________________ Print Title: ______________

Email: ______________________________ Phone: ______________

Instructions: This Authorization is only valid if **accompanied by a copy of the license** specified in Part B. This Authorization will expire at the time of the expiration of the above-specified license (as applicable to the product ordered). Upon expiration, a new Authorization must be submitted for orders to be processed. If there is a change in authority, this Authorization will immediately become invalid and a new Authorization, including applicable license(s), must be submitted for orders to be processed.

Please Note: Because we are a wholesale distributor and not a retail pharmacy, we are not licensed to sell prescription items directly to individual patients in any state—even if your doctor has given you a prescription. If you are having trouble locating a provider for this item, we recommend contacting your insurance carrier.

Please complete this form and submit a copy of the appropriate license(s) to Customer Licensing by fax to 866.470.1355 or by email to: customerlicense@buyEMP.com