



Authorization for Medical Directors and Pharmacists-in-Charge

A: CUSTOMER AND SHIPPING INFORMATION:

Facility Name: _____ Telephone: _____

Contact Name: _____ Email: _____

Company Shipping Address: _____ City: _____ State: _____ Zip: _____

Does the Customer have multiple shipping addresses? YES: NO: IF YES, PLEASE LIST BELOW.

Company Shipping Address: _____ City: _____ State: _____ Zip: _____

Company Shipping Address: _____ City: _____ State: _____ Zip: _____

Company Shipping Address: _____ City: _____ State: _____ Zip: _____

B: LICENSE INFORMATION

I, the undersigned, am the Medical Director PIC, pharmacists in charge, for the facility names and addresses listed above. In this capacity, I hereby authorize the facility(ies) to receive all products (excluding controlled substances) and submit the following referenced license(s) with respect to such orders, with a copy of such license attached to this form.

Physician's License or State Board of Pharmacy License # _____ Expiration Date: _____

C: STATEMENT OF AUTHORITY AND SIGNATURE

I hereby swear under penalty of perjury that

- I. I am the (check one): Medical Director Pharmacists-in-Charge with the responsibility for the facility identified above in part A with respect to the specified address'.
- II. The license information provided is current and accurate and I am, therefore, licensed to authorize shipment of the products to the facility(ies) designated on this form.
- III. I understand that failure to provide complete and truthful information may constitute grounds for the vendor to recommend that appropriate authorities bring disciplinary actions against me.

Print Name: _____ Title: _____

Signature: _____ Date: _____

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 medical director or pharmacist in charge, this authorization will immediately become invalid and a new authorization, including applicable license(s), must be submitted for orders to be processed.

Please complete this form and submit a copy of the appropriate license(s).