

# Prescription Authorization

Company Name\_\_\_\_\_

Contact Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_

E-mail Address\_\_\_\_\_

Telephone\_\_\_\_\_

To ship you FDA-rated prescription items or drugs (such as I.V catheters, sets and solutions), we are required to gain authorization from your Medical Director or obtain your **state license number**. Please complete the option appropriate for your company and fax this form to (248) 896-8082.

Thank you in advance for your help. If you have questions, please call us at (248) 960-7985.

## Medical Director Authorization

(or Authorizing Physician)

“I authorize internally designated representatives of this company to order prescription products.”

\_\_\_\_\_  
Medical Director/Physician Name

\_\_\_\_\_  
Medical Director/Physician License Number

\_\_\_\_\_  
License Expiration Date

## State License

If your company is licensed to purchase prescription products, but does not have a Medical Director or authorizing prescriber, please complete this information.

\_\_\_\_\_  
State License Number

\_\_\_\_\_  
License Expiration Date

**Please fax this completed form to 248-960-7985**

