

MEDCO PRESCRIPTION DRUG AUTHORIZATION & MEDICAL DEVICE ACKNOWLEDGEMENT FORM



*If purchasing an Automated External Defibrillator (AED) unit, complete portions A & C only

A) Customer Number: _____
Name of Company: _____
Attention: _____
Address: _____
City & State: _____ Zip: _____
Phone: _____ Fax: _____

B) Dear Valued Customer:

In order to ship prescription pharmaceuticals to you, we must have authorization from the Medical Director at your facility.

Please have your authorizing physician fill out the form below and return this entire letter to us, along with a photocopy of his/her license(s).

If your facility does not have a Medical Director, but is licensed to purchase prescription products, please send us a copy of the license, along with this letter for identification.

Thank you.

I hereby authorize the internally designated representatives named below to order prescription substances for this facility.

1. _____ 2. _____

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

Physician's Signature: _____

Physician Name (please print): _____

DEA Registration Number: _____
(please include photocopy of license)

State License Number: _____
(please include photocopy of license)

Date: _____

C) I hereby acknowledge that I am aware that an Automated External Defibrillator (AED) is intended for use by, or on the order of a physician or a person licensed by state law.

Name (please print): _____

Title: _____

Signature: _____ Date: _____

