



## "Physician Only Products" Authorization

Please complete this form and mail to: MonsterMed, 335 Columbia St., Utica, NY 13502 or Fax to 315-797-0365

### ► Customer Information

Office Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### ► Physician Use Only Products

In order to purchase "Physician Use Only" products, a Physician's License must be on file. In addition, this form must be completed with the signature of the license holder and returned to MonsterMed with a copy of the DEA, State license, or both. We will only ship within the state of the Physician's license. We must also have an authorization signed by the Physician if someone besides the physician is purchasing the "Physician Use Only" products.

Individual(s) Authorized to Purchase: \_\_\_\_\_

Choose One:  DEA Registration Number  
\*Copy Required

State License Number  
\*Copy Required

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

# \_\_\_\_\_ Exp. Date \_\_\_\_\_

### ► Please Sign Here

I hereby authorize the above designated individual(s) to purchase Physician Only Products. I fully understand MonsterMed's "Physician Only Products" Policy and certify that all the information on this form is correct

Physician's Signature: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

