



Prescription Authorization Form

Prior to shipping prescription products (medical devices), we must have authorization from the physician (Medical Director) responsible for your department. Please fill in your customer information at the top of this form and then have your authorizing physician complete the box section. Send this completed form to us by email or mail along with copies of all requested licenses. If your agency does not have a Medical Director, but is licensed to purchase prescription products, please send us a copy of all applicable licenses along with this form for our review.

Customer Name:

Contact Person:

Contact Email:

Telephone Number:

Fax Number:

Shipping Address:

City:

State:

Zip:

Additional Shipping Locations: If allowing medical devices to be shipped to multiple addresses initial here and attach a list of approved locations.

Customer License Information (Must attach copies of all applicable licenses):

State EMS of Pharmacy License Number:

Exp. Date:

State Controlled Substance License Number:

Exp. Date:

Federal DEA License Number:

Exp. Date:

THIS SECTION TO BE COMPLETED BY MEDICAL DIRECTOR

Please check the categories below denoting your level of authorization for the purchase of devices for the above facility. Include additional information and approvals where necessary.

- Medical Device Authorization Only.** Absolutely No Medications!
- Limited Authorization for the following Medical Devices Only: (Please list)**
- Unlimited Medical Device(s) Authorization.**

By signing below, I hereby authorize the internally-designated representative(s) of this facility to order the above approved devices. (Please send a copy of physician's license with this form.)

Physician Name:

Medical License # & Exp. Date:

Physician Signature: _____ Date:

If any change occurs in the above information (including authorizations, license information, and/or authorizing physician) a new Prescription Drug Authorization Form must be submitted with applicable licenses before any additional shipments may be processed.

Integrated MedCraft LLC
182 Waterhole Rd
Colchester CT 06415

Phone: 855.752.1011
info@integratedmc.com
www.integratedmc.com