PURCHASE AUTHORIZATION FORM
For students of acupuncture

DATE: ____________

NAME OF STUDENT MAKING REQUEST: ___________________________

REASON FOR PURCHASE:
________________________________________________________________
________________________________________________________________
________________________________________________________________

PROFESSOR NAME: ___________________________________________

L.AC NO.: ____________________________________________________

The sale of Acupuncture needles are classified under federal and state law as
dangerous devices. (21 C.F.R. §§ 880.5580, 801.109; Bus. & Prof. Code, §§
4022, subd. (b), 4023.) As such, they are deemed unsafe for use except under
the supervision of a practitioner licensed by law to direct the use of such
device, and federal law restricts them to sale by or on the order of a licensed
acupuncturist. (21 C.F.R. § 801.109.) This form serves as an authorization of
purchase of needles on the order of a licensed professional.

Complete this form and email contact@upcmedical.com or fax 626-350-5001.

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http://www.upcmedical.com

626-350-5000