



Prescription Drug Authorization Form

Phone 844.342.5548

Fax 877.491.5755

www.LiveActionSafety.com

Dear Customer,

If you wish to order narcotics, medications, or medical (legend) devices from LAS, your Medical Director or Pharmacist-In- Charge, must complete, sign, and return this Prescription Drug Authorization Form for our records.

When placing medication orders, a State License Number is required. When placing narcotic orders, a copy of your Medical Director's or Pharmacist-In-Charge's Federal DEA certificate is also required.

Facility or Department Name: _____

Contact: _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

If there is a change in Medical Director or Pharmacist-In-Charge, this form will immediately become invalid and a new form including appropriate licenses, must be submitted for orders to be processed.

>>>>>> This section is to be completed by your Medical Director or Pharmacist-In-Charge. <<<<<<<

As Medical Director or Pharmacist-In-Charge, I am licensed to authorize and do give my permission for the shipment of items from the designated product categories listed below (please check one).

- Unlimited Medications and Medical Devices - No Narcotics
- Unlimited Narcotics, Medications, and Medical Devices
- Limited Narcotics, Medications, or Medical Devices - Please list specific items: _____

State License Number (a copy of the license must be attached to this form): _____

DEA Number(s) (a copy of the license must be attached to this form): _____

State Controlled License Number (if required) (a copy of the license must be attached to this form): _____

Physician Name (Please print): _____

Signature: _____

Date: _____ Phone: _____