

**Prescription Drug Authorization Form**

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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: _____

LICENSE FOR (LIVE ACTION SAFETY) ORDER# _____

**VISUAL EXAMPLE OF WHAT THE
DEA CONTROLLED SUBSTANCE LICENSE LOOKS LIKE**

<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">DEA REGISTRATION NUMBER</td><td style="width: 33%;">THIS REGISTRATION EXPIRES</td><td style="width: 33%;">FEE PAID</td></tr><tr><td>XXXXXXXXXX</td><td>05-01-2017</td><td>\$1525.00</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 33%;">SCHEDULES</td><td style="width: 33%;">BUSINESS ACTIVITY</td><td style="width: 33%;">ISSUE DATE</td></tr><tr><td>2,2N,3 3N,4,5</td><td>REVERSE DISTRIB</td><td>05-01-2017</td></tr></table> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	XXXXXXXXXX	05-01-2017	\$1525.00	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3 3N,4,5	REVERSE DISTRIB	05-01-2017	<p style="text-align: center;">CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537</p> <p style="margin-top: 20px;">Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p style="margin-top: 10px;">THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>
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