

PRESCRIPTION DRUG AUTHORIZATION FORM



1711 Paramount Court • Waukesha, WI 53186
800.558.6270 • Fax 800.558.1551 • Local Fax 262.513.5768

Dear EMP Customer,

If you wish to order narcotics, medications, or medical (legend) devices from EMP, 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. For Class II narcotics, the DEA requires that you mail in your completed 222 form for each order. Please visit our website at www.buyEMP.com or see page 471 for 222 instructions.

EMP Customer Number: _____

Facility or Department Name: _____

Contact: _____

Phone Number: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____



>>>>>> 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: _____

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.