

PRESCRIPTION DRUG AUTHORIZATION FORM



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Dear EMP Customer:

In order for us to ship pharmaceuticals or legend devices to you we must have proper authorization from your medical director, or the authorized purchaser, attorney, or agent responsible for your department. Please fill in your customer information below along with having your authorizing physician complete the box below, then fax or mail this entire letter to us.

- **To purchase controlled narcotics, we MUST also have on file a copy of your Medical Director's or your agency's Federal DEA Certificate along with this form. Please note that all controlled narcotic orders can only ship to the address listed on the Federal DEA certificate.**
- Class IV controlled narcotics, such as Valium/Diazepam or Versed/Midazolam, may be ordered via phone, fax, or internet once the above required information is on file.
- Class II controlled narcotics, such as Morphine or Demerol/Meperidine, require an original completed Federal DEA Form 222 signed by your Medical Director or person properly authorized by a power of attorney. EMP must physically have this Federal Form 222 filled out, for every Class II Narcotic order that you place, sent to the EMP address listed below. EMP (the supplier) will complete Supplier's DEA Registration, NDC and shipping information for you. This Federal Form 222 is in triplicate: EMP can only accept forms where copies #1 (brown) and copy #2 (green) are unseparated with the carbons intact. Please retain copy #3 (blue) for your records.

EMP Customer Number: _____

Company or Department Name: _____

Contact: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

This section is to be completed by your Medical Director. I hereby authorize the internally designated representative of this department to order emergency prescription medications (**please check the appropriate box(es)**):

UNLIMITED STANDARD EMERGENCY MEDICATIONS AND NARCOTICS:

- **Class IV** Narcotic Substance Authorization of: **(please initial all blanks that apply)**
_____ Valium/Diazepam _____ Versed/Midazolam _____ Other: _____
- **Class II** Narcotic Substance Authorization that the following controlled substances may be listed on the Federal DEA Form 222: **(please initial all blanks that apply)**
_____ Morphine Sulfate _____ Demerol/Meperidine _____ Other: _____

UNLIMITED STANDARD EMERGENCY MEDICATIONS AUTHORIZATION. ABSOLUTELY NO NARCOTICS!

LIMITED AUTHORIZATION FOR THE FOLLOWING MEDICATIONS ONLY: (list below or attach sheet if necessary)

LEGEND DEVICES: items containing a label/legend reading, "Caution: Federal law restricts this device to sale by or on the order of a physician or an appropriate licensed practitioner. Items include: Sodium Chloride/Normal Saline, Sterile Water, IV Catheters and Sets, Needles and other sharps, ET Tubes, Nasopharyngeal Airways, LMAs, and Combitubes.

To process any medication orders, a State License number is required. In addition, if submitting any order for Narcotics, a Federal DEA Certificate is required.

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

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

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

Physician Name (Please Print): _____

Signature: _____ Date: _____ Phone: _____