

## MEDICAL AUTHORIZATION FORM

Please photocopy, complete, and include this form with your order. Also include a copy of the participating physician's state license (or TDDD certificate for Ohio customers). The accompanying license is REQUIRED for the order to be processed. The license provided must match the physician's information & signature that appears on the authorization form below. Please print as clearly as possible in blue or black ink. All prescription products will be shipped separately from other non-prescription items. Please allow 2-3 weeks for delivery of all prescription products.

### Prescription item being ordered:

#52004 EpiPen® 0.30 mg Regular      #52003 EpiPen® 0.15 mg Junior      #75229 Epinephrine Ampules  
 #52005 Twinject® 0.30 mg      #52006 Twinject® 0.15 mg      #75227 Sodium Chloride, 0.9%  
 #75231 Albuterol 90mcg Inhaler      #75232 Albuterol Inhalation Solution

AED

(Please specify brand name, model number, and MacGill item number)

### School Nurse/Person Ordering Information

School Ship to Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (School Nurse/Person Ordering) (School Nurse/Person Ordering)

Additional Notes: \_\_\_\_\_

### Physician/Licensed Practitioner Information

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Physician/Licensed Practitioner) (Physician/Licensed Practitioner)

Phone: \_\_\_\_\_ DEA Registration Number: \_\_\_\_\_

State License Number: \_\_\_\_\_ TDDD Number (Ohio Customers Only): \_\_\_\_\_

**Don't forget to include a copy of the participating physician's state license (or TDDD certificate for Ohio customers).**

### FOR OHIO CUSTOMERS ONLY

The state of Ohio requires a TDDD certificate to be supplied in order to purchase prescription products. Be sure to include a TDDD certificate along with the completed Medical Authorization Form above. The physician's information/signature on the medical authorization form must match the information shown on the TDDD certificate for the order to be processed. It is also an Ohio Law that the order must ship to the address on the TDDD license. All prescription products will be shipped to the address that appears on the supplied TDDD certificate. You will have to coordinate the product receipt with your physician's location (TDDD certificate address). If you ordered non-prescription products on the same order, those items will be delivered to the ship-to location specified on your order. Only the prescription products will ship to the TDDD address.

### AED Ordering Information



Interested in purchasing an AED? Call our customer service team at 1-800-323-2841 for product information, ordering information, and pricing on any AED brands and any AED accessories that you are interested in. MacGill is your source for all available AED brands and accessories.

The above **medical authorization** form and a **physician's prescription** will be required to purchase all AEDs. AED accessories do not require a medical authorization form or a prescription.



Holiday Info

**MacGILL**