

## MEDICAL AUTHORIZATION FORM

**This form must be completed in its entirety for the order to be processed**

**Please Fax completed form to: 1-800-727-3433 or include it with your order.**

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:

- |   |  |
|---|--|
| ___#Z52014 EpiPen® 0.30 mg Regular              | ___#Z75232 Albuterol Inhalation Solution             |
| ___#Z52015 EpiPen® 0.15 mg Junior               | ___#Z75231 Albuterol 90mcg Inhaler                   |
| ___#Z14173 Economy Epinephrine Injector 0.30 mg | ___#Z75229 Epinephrine Ampules                       |
| ___#Z14172 Economy Epinephrine Injector 0.15 mg | ___#Z14190 Sterile Water                             |
| ___#Z75227 Sodium Chloride, 0.9%                | ___#Z17039 Intranasal Naloxone Injection 1 mg/mL 2mL |
|   | ___#Z17114 Narcan® Nasal Spray 4 mg                  |

### School Nurse/Person Ordering Information All Fields Must Be Complete

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)

### Physician/Licensed Practitioner Information Must be Completed by Physician

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

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

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

**A copy of the participating physician's state license  
(or TDDD certificate for Ohio customers) must accompany order.**

### 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.