

Prescription Drug Authorization Form

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

Please fax the completed form to 1-800-727-3433 or include it with your purchase order.

School Ship-To Name: _____

Attn: _____

Ship-To Address: _____

City and State: _____ **Zip Code:** _____

Phone: _____ **Email Address:** _____

Dear William V. MacGill & Co. Customer:

In order to sell and ship prescription pharmaceuticals to you, we must receive authorization from the responsible physician at your place of business or service.

Please have the authorizing physician complete this form and return it to us, along with a copy of his/her DEA registration or state license. The ship to address must be in the same state the physician is licensed.

If your facility does not have a Medical Director, but is licensed to purchase prescription products, please send a copy of the license along with this form for identification.

Thank you,
William V. MacGill & Co.

I hereby authorize the following internally designated representative(s) of this facility to order prescription substances.

Please list name(s): _____

| | |
|---|---|
| <input type="checkbox"/> Unlimited Authorization | <input type="checkbox"/> Limited Authorization (list specific items on page 2) |
| Physician's Signature | |
| Physician's Name (Please Print) | |
| Choose one: | |
| DEA Registration Number* <input type="checkbox"/> | State License Number* <input type="checkbox"/> |
| (For validation purposes only) *Copy Required | *Copy Required |
| # | # |
| Exp. Date | Exp. Date |

Date: _____

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Limited Authorization

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