

Life-Assist Rx Authorization Form

Customer Information

Agency Name: _____ Account # (If Available): _____
Shipping Address: _____ Contact: _____
City: _____ Phone: _____
State: _____ Zip: _____ Email Address: _____

Ordering Options

I hereby authorize internally designated representatives of this facility to order the following items: ***Check One**

Rx Medical Devices Only

Rx Medical Devices and Rx Pharmaceuticals

Ordering
Limits:

Controlled Ordering

I hereby authorize internally designated representatives of this facility to order Controlled Substances.

License(s) authorizing Controlled Ordering: Please submit a copy of your DEA licenses if you wish to purchase controlled substances.

DEA License #: _____ Expiration Date: _____

State Controlled Substance License #: _____ Expiration Date: _____

All states require a copy of the DEA License to be on file to order Controlled Substances. In addition, some states require both the DEA and State Licenses to be on file, for those states both licenses must be provided.

Medical Director Authorization

I hereby affirm that I am the Medical Director responsible for the licensed facility identified on the Rx Authorization Form. I am licensed to authorize the shipment of substances indicated on this form to the facility designated and to the shipping address referenced above. This facility complies with applicable state and federal licensing and regulatory requirements for procuring, storing, and using Rx items.

Printed Name: _____ Street Address: _____

Med. Director Signature: _____ City: _____

State License # and Exp Date: _____ State: _____ Zip: _____

Email Address: _____ Direct Line: _____

Rx Authorization Update Contact

Who should Life-Assist Customer Care reach out to regarding getting a new form updated upon expiration?

Contact: _____ Email Address: _____

This Authorization will expire after 2 years of being on file. Upon expiration, a new Authorization must be submitted for orders to be processed. If there is a change in Medical Director, this Authorization will immediately become invalid, and a new Authorization, including applicable license(s), must be submitted for orders to be processed.

Please complete this form and submit a copy of the appropriate license(s) to Customer Care by email to customer care@life-assist.com

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Rx Authorization Form Approved Agencies and Shipping Addresses

I hereby affirm that I am the Medical Director responsible for the licensed facility identified on the Rx Authorization Form. I am licensed to authorize the shipment of substances indicated on this form to the facility designated and to the shipping addresses referenced below.

Medical Director Signature: _____

Date: _____

Approved Shipping Addresses:

Please include any ordering limits

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Please complete this form and submit a copy of the appropriate license(s) to Customer Care by email to customer care@life-assist.com