



304 Boston Post Road - Old Saybrook CT 06475  
Phone 860-388-4599 FAX 860-388-4699

## Prescription Pharmaceutical Authorization Form

Organization: \_\_\_\_\_

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

Bill to Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

We will keep this on file for your organization for future purchases

We must have this form completed and signed by your Medical Director in order for us to ship any prescription pharmaceuticals to you. After your Medical Director completes the form please either mail it to Common Cents EMS Supply LLC, 304 Boston Post Road, Old Saybrook CT 06475 or fax it to 860-388-4699

**It is required that you send a COPY of your Medical Directors DEA License when you send us a copy of this form. This is not optional**

I hereby authorize designated members of the above organization to order

\_\_\_\_\_ Unlimited Pharmaceuticals

— OR —

\_\_\_\_\_ Limited Pharmaceuticals (authorized items listed on page 2)

Print Medical Director's Name: \_\_\_\_\_

Medical Director's Signature: \_\_\_\_\_

DEA License Number: \_\_\_\_\_ Date: \_\_\_\_\_

