



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
& State 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: _____ Todays Date: _____

State Controlled Substance Registration Number: _____

(This is not your state medical license number. In Connecticut this number starts with CSP.)



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List of Authorized Pharmaceuticals

NOTE: for BLS Services and First Responders please consider items such as Naloxone, Narcan, Irrigation Water and Sodium Chloride, BVMs, EPIPENS, Adrenaline, Needles and Syringes for Adrenalin, CPAP, Glucose, Charcoal.

Organization : _____

Print Medical Director's Name: _____

Medical Directors Signature: _____

DEA License Number: _____ Todays Date: _____

State License Number: _____