



Penn Care, Inc.
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Prescription Drug Authorization Form

Dear Penn Care Customer:

In order for us to ship pharmaceuticals or legend devices to you, we must have proper authorization from your medical director or the authorized purchaser, attorney, or agent responsible for your department. Please fill in your customer information below and have your authorizing physician complete the box marked, then fax or mail this document to us.

Company or Department Name:
Contact Person: Phone:
Address:
City: State: Zip:
Email Address:

This section is to be completed by your Medical Director. I hereby authorize the internally designated representative of this department to order emergency prescription medications (please check the appropriate boxes):
[] Unlimited Standard Emergency Medications authorization.
[] Limited authorization for the following medications only (list below or attach sheet if necessary):
[] Legend Devices: items containing a label/legend reading: "Caution: Federal law restricts this device to sale by or on the order of a physician or an appropriate licensed practitioner." Items include: Sodium Chloride/Normal Saline, Sterile Water, IV Catheters and Sets, Needles and other sharps, ET Tubes, Nasopharyngeal Airways, LMAs, and Combitubes.
State License Number (a copy of the license must be attached to this form):
State Controlled License (if Required) (a copy of the license must be attached to this form):
Physician Name (Please Print): Phone:
Signature: Date: