

Dear Customer,

In order to ship you prescription items we require authorization from the responsible physician at your place of business or service.

Please have the authorizing physician complete the form below and return it to us. If your organization is licensed to purchase prescription products, please submit a copy of the license, along with this letter for identification.

Thank you,
Life-Assist, Inc.

Account No (If Available)	_____
Agency	_____
Shipping Address	_____
City, State, Zip	_____
Contact	_____
Phone No	_____

I hereby authorize internally designated representatives of this facility to order the following items.

CHECK ONE

Rx Medical Items such as O2 masks, regulators, oral airways, IV catheters (no EMS pharmaceuticals)

OR

Rx Medical Items including EMS pharmaceuticals (NO Controlled Narcotics)

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S PRINTED NAME _____

DEA / STATE LICENSE NUMBER _____

EXPIRATION DATE _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____

Physician's Comments:
