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 CustomerService@EMSstuff.com
 www.EMSstuff.com

Prescription Authorization Form

Dear Medical Warehouse Customer:

In order for us to ship pharmaceuticals to you, we must have proper authorization from your Medical Director. Please fill in your information and have your Medical Director complete the appropriate sections below, and return this form to us via mail, fax or e-mail.

Agency or Department Name			
Contact Person:			
Physical Address:			
City, State, Zip			
E-Mail Address:			
Phone Number:			

↓ THE BELOW SECTION TO BE COMPLETED BY YOUR MEDICAL DIRECTOR ↓

I hereby authorize the designated representative of this Agency/Department to order prescription medications.

Authorization for the Following Items Only:	
Please Initial Appropriate Boxes	
Epi 1:1,000 1mg/ml	
Epi Pen 0.3mg 2/Pk	
Epi Pen 0.15mg 2/Pk	
Albuterol Sulfate	
Naloxone (Narcan [®])	

Physician Name:			
State License Number:			
Hospital Affiliation / Practice Name:			
Signature:			
Date:			
Phone:	()	-	Ext.