Prescription Drug Authorization Form

Please fill out this form and mail it to: Moore Medical LLC, PO Box 4066, Farmington, CT 06034-4066 or fax it to 877.881.0710.

Account Number: _____

Company Name: _____

Attn: _____

Address: _____

City and State: _____ **Zip:** _____

Phone: _____ **E-mail Address:** _____

Dear Moore Medical Customer:

In order to sell and ship prescription pharmaceuticals to you, we must receive authorization from the responsible physician at your place of business or service.

Please have the authorizing physician complete this form and return it to us, along with a copy of his/her DEA registration or state license. We can only ship to within the state the physician is licensed in.

If your facility does not have a Medical Director, but is licensed to purchase prescription products, please send us a copy of the license along with this letter for identification.

Thank you,
Moore Medical LLC

I hereby authorize the following internally designated representative(s) of this facility to order prescription substances.

(Please identify here:) _____

_____

☐ Unlimited Authorization

☒ Limited Authorization : Naloxone & Epi-pen
(list specific items on separate sheet)

Physician's Signature: Daniel Muse

Physician's Name (Please Print) Daniel Muse, MD

Choose one:

DEA Registration Number* ☒
(For validation purposes only) *Copy Required

BM 1727796 Exp. Date 01/31/2019

State License Number* ☒
*Copy Required

Massachusetts 60713 Exp. Date 2/22/2018

Date: _____

Moore Medical LLC | 1690 New Britain Avenue | Farmington, CT 06032

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Supporting Health & Care

Prescription Drug Authorization Form

Limited Authorization

ITEM#	PRODUCT NAME
	NALOXONE
	EPI-PEN

Moore Medical LLC | 1690 New Britain Avenue | Farmington, CT 06032

mooremedical
Supporting Health & Care

Phone: 800.234.1464 | FAX: 800.944.6667 | www.mooremedical.com