

Auvi-Q® (Epinephrine Injection, USP) Medical Authorization Form

Entity/School Name: _____
Contact: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Ext: _____
Fax: _____ Tax ID: _____

Entity Type (circle all that apply): School K-12 University Daycare Camp EMS
 Airlines Hospitality Utility Amusement Park Sports League Other

Payment Method: Credit Card Check Purchase Order

This Certificate of Authority is executed on behalf of the Entity/School listed above as well as other locations listed in attached list which are authorized to purchase the prescription drug(s) (checked below) from Medical Purchasing Solutions.

Prescription Pharmaceuticals* being ordered:

Each carton contains 2 auto-injectors and 1 trainer.

Auvi-Q Adult (0.3mg) carton quantity: _____

Auvi-Q Junior (0.15mg) carton quantity: _____

Auvi-Q Pediatric (0.1mg) carton quantity: _____

This is to certify that all such drugs will be prescribed, dispensed, or administered under the supervision of a practitioner licensed by law to prescribe, dispense and/or administer such drugs.

Physician/Licensed Practitioner Name: _____

DEA Registration Number: _____ State License Number*: _____

Contact Number: _____

Signature: _____ Date: _____

***Please include a copy of the State License for the practitioner listed above. If prescription pharmaceuticals are to be used in other locations besides the address listed, a list of all addresses must be provided and submitted with this form.**

Purchaser accepts Medical Purchasing Solutions, LLC terms and conditions and acknowledges that any products ordered should only be used after consultation and approval by a licensed physician, in accordance with the medication's package insert and in compliance with state and local regulations.