



Legend and Pharmaceutical Authorization Form

Customer Name: _____ Account Code: _____
Contact Name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () Fax: ()

Alliance Medical, Inc. must have on file written authorization from the Physician acting as Medical Director for your organization, (or the responsible Physician at your place of business), in order to ship pharmaceuticals and legend products to you. Legend products include laryngoscopes, oxygen masks, nasal cannulas, nasopharyngeal airways, ET tubes, Laryngeal masks, BVM's, bottled saline, bottled sterile water, needles and syringes and any other Legend labeled product.

Please return this entire form via fax or mail once the authorizing Physician has completed the section below.

If your organization is licensed to purchase prescription products and does not have a Medical Director, please send a copy of your license along with this form.

If the Medical Director of your organization changes, please send an updated form immediately.

Thank you,
Alliance Medical, Inc.
P.O. Box 147
Russellville, MO 65074

Toll-Free Phone: 888-633-6908
Toll-Free Fax: 800-4ALLMED
Email: customerservice@AllMed.net
Website: www.AllMed.net

My signature below authorizes the above named organization's designated representatives to order emergency prescription products only, (**narcotic substances not included**) from **Alliance Medical, Inc.**

Name:* _____ **Phone:*** () _____

(Please Print)

Address:* _____

Signature:* _____

DEA or State License #:* _____

Expiration Date: _____

*All of the above information is required and will be used for verification only.