

Bayer Letter of Affiliation



Licensed Physician Information:

Physician Name: _____

License No.: _____

Address: _____

City/State/Zip: _____

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

Contact Email: _____

Additional shipping addresses may be listed below and/or in an attachment. These additional addresses may be provided as updates to this Letter of Affiliation as long as the named physician holds a valid license under the applicable law, as demonstrated by appropriate supporting documentation as needed.

The undersigned physician certifies that he/she (a) is affiliated with the shipping location identified above and any additional shipping locations listed below and in any attachments, (b) will be responsible in all respects for the receipt and accountability of pharmaceutical products shipped to such location(s), and (c) will immediately notify Bayer if either of the foregoing statements is no longer true.

This certification and authorization does not apply to shipment of controlled substances.

(Optional) I authorize the following representatives to accept and be responsible for pharmaceuticals delivered to the shipping address(es).

Print Name(s): _____

PHYSICIAN SIGNATURE REQUIRED (must match name on license):

Signature: _____

Print Name: _____ Date: _____

NOTE: With this document you **MUST** include:

- A copy of a valid active physician license reflecting the license holder's name and license number.
- OR, if such a copy is not available, you may provide documentation that clearly demonstrates that the named physician holds a valid license under applicable law, such as documentation from state-governed websites or a state medical board.

Additional Shipping Addresses (If different from above and only if needed):

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____

Shipping Address:

Customer Name: _____

Address: _____

City/State/Zip: _____