

# authorization form

## Facility Prescription Item Ordering Authorization

To: \_\_\_\_\_

Date: \_\_\_\_\_, 2006

Matrx Account No: \_\_\_\_\_

### DEAR PHYSICIAN DIRECTOR:

Thank you for the recent order for prescription items from your EMS service. Matrx Medical and Henry Schein are required to verify the licensee for addressees to whom we ship prescription items.

In order for us to send prescription or legend items to the requested address(es) without delay, please fill out the information certifying that you are the physician director for the location(s) listed and authorize shipment to the listed addresses. Please complete and sign this form and along with a photocopy of your current state license, fax to 800-533-4793. This statement will be retained in our file, and all future shipments will be sent without delay.

I, Dr. \_\_\_\_\_, Medical license no. \_\_\_\_\_, State of \_\_\_\_\_, am the physician director at the location(s) below and request, under my license number, that Matrx Medical and Henry Schein ship prescription products to the addresses listed. These prescription items will be ordered and used under my direction and supervision. I have enclosed a copy of my State License to verify my status as a licensed practitioner in the above State.

SERVICE NAME	SHIPPING ADDRESSES (PLEASE LIST ALL)	ACCT NUMBER
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Physician Signature: \_\_\_\_\_

Degree: \_\_\_\_\_

Print Name: \_\_\_\_\_

If you have any questions call Matrx Customer Service at 800-845-3550 or the Henry Schein Verification Division at 1-800-472-4346 extension 5137. On behalf of Matrx Medical a Henry Schein Company, we look forward to receiving your information and appreciate your cooperation.

Sincerely,

 **HENRY SCHEIN®**  
**Matrx Medical**

Verification Department  
Matrx Medical and Henry Schein

**FAX US 800-533-4793**