



**RIVERSIDE
MEDICAL
SUPPLY INC**

Medical Supply Wholesale Distributor
1200 Dodson Way, Riverside, California 92507
(951) 683-0018 Fax (951) 788-6375

Prescription Drug Authorization

In order to ship prescription pharmaceuticals to you, we must have an authorization for the responsible physician completed. Please attach a **copy of the DEA license**. If your facility does not have a Medical Director, but is licensed to purchase prescription products, please attach a **copy of the license** with this form.

Name of Company:	
Doctors Name:	
DEA#:	Exp.Date:
Address:	
City:	State: Zip:
Medical Director:	
License#:	Exp. Date:
Address:	
City:	State: Zip:

I hereby authorize internally designated representative of this facility to order prescription substance.

Name of representative: _____

- Unlimited** Authorization
- Limited** Authorization (Please attach list of specific products)

Signature: _____

Name: (Please Print) _____