

## Prescription Drug Authorization Form

In order for Meridian to ship pharmaceuticals to you we must have an authorization from the physician responsible for your department (Medical Director). Please fill in your customer information below along with having your authorizing physician complete the box below, then fax or mail this entire form to Meridian Medical Technologies, Inc.

- To purchase controlled narcotics, we **MUST** also have on file a copy of your Medical Director's or your agencies Federal DEA Certificate along with this form. Please note that all controlled narcotic orders can only ship to the address listed on that Federal DEA certificate.
- Class IV controlled narcotics, such as diazepam, may be ordered once the above required information is on file.
- Class II controlled narcotics, such as morphine, require an original completed Federal DEA Form 222 signed by your Medical Director. Meridian Medical Technologies, Inc. must physically have this Federal Form 222 filled out, for every Class II Narcotic order that you place, sent to the Meridian Medical Technologies, Inc. address listed below. Meridian Medical Technologies, Inc. will complete Suppliers DEA Registration, NDC and shipping information for you. This Federal Form 222 is in triplicate: Meridian Medical Technologies, Inc. can only accept forms where copies 1 and 2 are not separated with the carbons intact. Please retain copy 3 for your records.

Customer Number: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

We certify that the items purchased will be used only by the organization named above. The material will not be sold to a third party, distributed or used for any other purpose. Auto-Injectors are subject to the U.S. Federal Export Control Regulations and may not be exported or otherwise removed from the U.S. without prior written authorization from the U.S. Department of State.

**This section is to be completed by your Medical Director.** I hereby authorize the internally designated representative of this department to order emergency prescription medications (please select one and INITIAL ALL BLANKS THAT APPLY):

- Limited authorization for the following medications only:**
- |  |   |
|--|---|
| _____ AtroPen® 2 mg (atropine injection)   | _____ AtroPen® 0.25 mg (atropine injection)                                 |
| _____ AtroPen® 1 mg (atropine injection)   | _____ DuoDote™ Auto-Injector (atropine and pralidoxime Cl injection)        |
| _____ AtroPen® 0.5 mg (atropine injection) | _____ Mark I™ Kits (NAAK) (atropine injection and pralidoxime Cl injection) |
|  | _____ Pralidoxime Chloride 600 mg Auto-Injector (pralidoxime Cl injection)  |
- Unlimited standard emergency medications and narcotics:**  
 Please check the appropriate box(s) for controlled substance authorization:
- Class IV Narcotic Substance Authorization of: \_\_\_\_\_ **Diazepam 10 mg Auto-Injector** (diazepam injection)
  - Class II Narcotic Substance Authorization that the following controlled substances may be listed on the Federal DEA Form 222: \_\_\_\_\_ **Morphine 10 mg Auto-Injector** (morphine sulfate injection)

*NOTE: To process any medication orders a DEA number or State License number is required. If submitting any order for Narcotics a DEA number is required.*

DEA Number(s) (a copy of the license must be attached to this form): \_\_\_\_\_  
 State License Number (a copy of the license must be attached to this form): \_\_\_\_\_  
 Physician Name (please print): \_\_\_\_\_ M.D.  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization is valid for one year from the date shown above.