

V.E. RALPH & SON, INC.

Prescription Item Authorization Form

All customers wishing to buy prescription items must complete this form and mail or fax it to us prior to shipment of any prescription item order. Please have your authorizing physician complete the form below, or, if your organization is licensed to purchase prescription products, complete the appropriate sections and attach a copy of your current drug license.

Customer Account Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Authorization to Purchase:

I authorize the designated representatives of the organization listed above to purchase the following prescription items:

\_\_\_\_\_ Needles, Syringes, IV Fluids and Administration Sets  
\_\_\_\_\_ Other (please specify \_\_\_\_\_)

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

DEA Reg. No: \_\_\_\_\_ State License No. \_\_\_\_\_

**Mail or fax the completed form to:**

**V.E. RALPH & SON, INC.  
PO BOX 633, KEARNY, NJ 07032-0633  
FAX: 1-800-772-7203 TEL: 1-800-526-1196**