



Medical License Request Form

Dear eGeneralMedical.com Customer,

We must receive authorization from the Medical Director at your clinic or place of business in order to sell and ship prescription pharmaceuticals and/or medical equipment to you.

Please have the authorizing physician complete this form and return it to us along with a copy of his or her DEA registration and state license. If your facility does not have a Medical Director, but is licensed to purchase prescription products, please send us a copy of the license.

Completion of this form is necessary only once, unless your license information has changed. We keep a copy of your license on file, so future orders will not require this form to be sent in again.

Thank you.

eGeneralMedical.com
4724 Hargrove Road, Suite 100
Raleigh, NC 27616

Phone: (919) 844-9402

Fax: (919) 844-9403

<http://www.eGeneralMedical.com>

<http://www.AllMedStar.com>

<http://www.AAPASore.com>

<http://www.TotalHealthProducts.com> (login username: customer / password: access)



Medical License Request Form

Please fax this form and a copy of your State License and DEA License to (919) 844-9403.

Name of Clinic / Institution:

Customer Number:

Street Address:

City: State: Zip:
Phone: Fax:

Name of Physician:

Date of Birth: / /

Street Address:

City: State: Zip:
Phone: Fax:

Medical License Number: Exp. Date: / /
(copy required)

DEA License Number: Exp. Date: / /
(copy required)

I hereby authorize the following internally designated representative(s) of this facility to order prescription substances.

Unlimited Authorization	Limited Authorization**
Unlimited Authorization	Limited Authorization**
Unlimited Authorization	Limited Authorization**

**please specify products on another sheet

I authorize eGeneralMedical.com to ship prescription medicine and medical supplies to the clinic or medical institution listed above. All prescription items will be ordered and used under my direction and supervision. I have enclosed a copy of my State License and/or DEA Certificate to verify my status as a licensed practitioner in the above state. I will notify eGeneralMedical.com if there are any changes to these licenses.

Physician Signature: Date: / /