

Prescription Authorization Form

Practitioner without DEA:

I confirm that I have not applied for my DEA. I recognize that in order to be credentialed without a DEA certificate, I must authorize another practitioner with current DEA certificate to write prescriptions requiring DEA numbers. I authorize the practitioner below to write prescriptions requiring a DEA numbers.

Printed Name of Provider

Signature

Date

Practitioner agreeing to write prescriptions:

I confirm that my DEA certificate is current and in good standing. I agree to write prescriptions requiring a DEA number for the above named practitioner.

Printed Name of Authorized Physician

Signature

Date

On behalf of (name of provider) : _____