INOVATIQA
DISPENSING HEALTHCARE. EMPOWERING LIVES.

Prescription Drug Authorization Form

Please fill out this form and mail it to: **Inovatiqa Corporation, 12815 Capricorn Street Stafford, TX 77477**, email it to **customerservice@inovatiqa.com** or fax it to **281-220-1350**.

Account Number

Company Name

ATTN

Address

City and State

Postal Code

Phone Number

Email Address

Dear Inovatiqa Customer:

In order to sell and ship prescription pharmaceuticals to you, we must receive authorization from the responsible physician at your place of business or service.

Please have the authorizing physician complete this form and return it to us, along with a copy of his/her DEA registration or state license. We can only ship to within the state the physician is licensed in.

If your facility does not have a Medical Director, but is licensed to purchase prescription products, please send us a copy of the license along with this letter for identification.

Thank you,
Inovatiqa Corporation

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

☐ Limited Authorization (list specific items on separate sheet)

☐ Unlimited Authorization

Physician's Name (Please Print)

Physician's Signature

Please select one of the following:

☐ DEA Registration Number* (For Validation purpose only)
* Copy Required

License Number

Exp. Date

Date

☐ State License Number*
* Copy Required

License Number

Exp. Date

Date

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Limited Authorization

Item Number	Product Name