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Medical Authorization Form

Department Name:		Customer ID: (If Available)	
Contact Name:		Contact Phone Number:	
Email Address:			
Address:	City:	State:	Zip:

The following section is to be completed by your Medical Director, Physician or Pharmacist.

As a Medical Director (Physician) or Pharmacist, I am licensed to authorize and do give my permission for the customer above to purchase <i>Unlimited</i> Medications and Medical Devices (No Narcotics).
Medical Director's (Physician's) or Pharmacist's License Number: _____ Expiration Date: _____ (A copy of your License must be submitted with this form)

Medical Director (Physician) or Pharmacist Name: <small>(Please Print)</small>	Title:
Email Address:	Phone Number:
Signature:	Date:

Please complete this form and submit a copy of the appropriate license(s) by fax to 541-653-8960, by email to sales@publicsafetycenter.com or by mail to 1600 Valley River Dr. Suite 220 Eugene, OR. 97401.