



Custom Medical Solutions for the Harshesht Environments on Earth

Medical License Authorization Form

In order to sell and ship prescription pharmaceuticals to you, we must receive written authorization from the responsible physician at your place of business or service. Please have the authorizing physician complete this form and return to us, along with a copy of the medical license.

We are a licensed drug wholesaler that distributes regular prescription drugs. We do not distribute controlled prescription drugs.

Medical License Holder Name: _____
Medical License Number: _____
Licensing Authority: _____
Date of Expiration: _____

Billing Entity Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Authorized Shipping Locations:

Shipping Location 1: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Shipping Location 2: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

If you have more than 2 shipping locations please attach additional page

Medical License Holder Signature: _____
Date: _____

Please email copy of Medical License and Completed Authorization to admin@chinookmed.com or fax to 970-375-6343