



---

*Custom Medical Solutions for the Harshes Environment 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.*

### **Form Instructions:**

1. Complete the Purchasing Entity Information in its entirety.
2. Please **return this entire form and a copy of your medical licenses** via fax, mail or email to:  
Chinook Medical Gear, Inc.  
120 Rock Point Drive, Unit C  
Durango, CO 81301  
Fax: (970) 375-6343  
admin@chinookmed.com
3. If the responsible physician of your organization changes; please send an updated form immediately.

### **PURCHASING ENTITY INFORMATION:**

Entity Name: \_\_\_\_\_

Purchasing Entity Contact Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

Entity City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_