

FDA Regulated Product Purchase Authorization Form

Please fill out this form and send it to us with one of the following options;

- Fax :631-750 0940
- Email :info@eraymedical.com
- Regular Mail :Eray Medical Supplies Inc.
1340-12 Lincoln Ave
Holbrook NY 11741

Order# : _____ (the last 3 digits of the group of numbers and letters starting with "yhst" on your order confirmation print out or your eBay item number if it has been purchased from our eBay listings)

Company or Organization Name : _____

Attn. To : _____

Address : _____

Phone# : _____ email: _____

Dear Eray Medical Customer;

In order to process your shipment properly, we must receive this Authorization Form from the responsible physician at your facility .

Please have the authorized person 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 FDA regulated products, please send us a copy of the license along with this letter for identification purposes.

Thank you,
Eray Medical Supplies Inc.

I hereby authorize the following internally designated representative(s) of this facility to order FDA Regulated products.

Unlimited Authorization

Limited Authorization

Physician's Name(Please Print) : _____

Please select one of these;

DEA Registration Number : _____ (Copy Required) Exp.Date: _____

State License Number : _____ (Copy Required) Exp.Date: _____

Date of the Purchase : _____

