

Letter of Authorization

To Whom It May Concern,

The undersigned physician certifies that he/she (a) is affiliated with the entity and location identified under "Shipping Address" and any additional shipping locations listed below, (b) will be responsible in all respects for the receipt and accountability of pharmaceutical products shipped to the entity at such location(s), and (c) will immediately notify AmerisourceBergen if either of the foregoing statements is no longer true.

This certification and authorization does not apply to shipment of controlled substances

License Information:

Physician's
Name: _____

Physician's State
Practitioners
License No: _____

Address:

Shipping Address:

Name of
Location: _____

(If different from name on license)

Account
Number: _____

Address:

NOTE: You ***MUST*** also submit to AmerisourceBergen a copy of a valid state practitioner's license reflecting the license holder's name and a list of any additional shipping address(es)

PHYSICIAN'S SIGNATURE REQUIRED: (must match name on license)

Physician's Signature: _____

Date: _____