

# MEDICAL AUTHORIZATION FORM

Dear PMI Customer:

Before Progressive Medical International can ship FDA-rated prescription drugs and devices to you (such as ET tubes, Nasal Cannulas, Non-Rebreather Masks, LMA's, CombiTubes, I.V. catheters, sets, solutions, etc...) we must gain authorization from your Medical Director or obtain your state license number. To comply with these FDA regulations we request that you fill out the following information and fax or mail it back to us.

Company Name _____	Customer Number _____
Address _____	
City _____	State _____ Zip _____
Contact Name _____	Phone _____ Email _____

**MEDICAL DIRECTOR AUTHORIZATION (OR AUTHORIZING PHYSICIAN)**

\_\_\_\_\_ (Agency Name) is hereby authorized to purchase restricted medical products from Progressive Medical International by the authority of Physician's Name (Please Print) \_\_\_\_\_

Medical Director/Physician License Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_

**STATE LICENSE**

If your company is licensed to purchase FDA-rated drugs and devices, but does not have a Medical Director or authorizing physician, please complete this information.

State License Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_

**PLEASE FAX THIS COMPLETED FORM TO 888.839.9495 OR 760.597.5501**



**Progressive Medical International**  
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