

Facility/Entity:

Address:

City:

State:

Zip Code:

Date (MM/DD/YYYY):        /        /

FAX to 614-652-7919

Adapt Pharma Inc – Specialty Pharm Srvc  
ATTN: Customer Service  
15 Ingram Blvd.  
LaVergne, TN 37086

Name of Licensed Prescriber

I,

am the responsible person for purchases made by

Facility/Entity Name

Facility/Entity Address

State License Number

State Initials

under my state license number

issued by the State of

.

If shipments will be made to multiple locations, please list all names and addresses below:

I will notify Adapt Pharma– Specialty Pharm Srvc immediately if my responsibility status and/or relationship with this facility is changed or terminated.

\_\_\_\_\_  
Prescriber's Signature