

**Bound Tree Medical, LLC**  
**Prescription Drug and Device Authorization**

Dear Customer:

Thank you for selecting Bound Tree Medical, LLC for your pre-hospital medical needs. To ensure there is no delay in your order, we must have authorization from your Medical Director and a copy of the appropriate federal and state license(s). Once the authorization and license information are entered into our system, orders may be placed via phone, fax or internet. The only exceptions are orders for Schedule II controlled substances, which must be submitted on an original Federal DEA Form 222 and mailed to the appropriate location. Instructions for completing a DEA Form 222 can be found on page 411.

Customer Name \_\_\_\_\_ Customer Account Number \_\_\_\_\_  
Ship-To Address \* \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_ E-Mail \_\_\_\_\_

\* I am authorizing additional ship-to locations for this customer. See attached list. \_\_\_\_\_ [initials]

**I authorize the customer at the above ship-to address to make purchases from Bound Tree Medical, LLC in accordance with the following selected category[s]. Please check all that apply.**

**Medical Devices:**

**Legend Devices –**

A legend device is a medical device, which because of any potential for harmful effect or the method of use, is not safe except under the supervision of a medical practitioner. These devices, as approved by the FDA, may be labeled "Caution: Federal (USA) law restricts this device to sale by or on or on order of a physician."

**Pharmaceuticals:**

**Unlimited Meds including Controlled Substances**

**Unlimited Meds/No Controlled Substances**

**Limited Meds including Controlled Substance(s) –** Please list only pharmaceuticals and/or controlled substances authorized by Medical Director. Attach separate sheet if necessary. \_\_\_\_\_

**Limited Meds/No Controlled Substance(s) –** Please list only pharmaceutical(s) authorized by Medical Director. Attach separate sheet if necessary. \_\_\_\_\_

**By signing this document, I authorize the customer at the above ship-to address to make purchases from Bound Tree Medical, LLC for the above selected category[s].**

**Authorization:**

Medical Director Signature \_\_\_\_\_ Date \_\_\_\_\_  
Medical Director Printed Name \_\_\_\_\_

**Medical Director's License(s):**

State Medical License Number \_\_\_\_\_ Expiration \_\_\_\_\_  
Federal DEA License Number \_\_\_\_\_ Expiration \_\_\_\_\_  
State Controlled Substance License Number \_\_\_\_\_ Expiration \_\_\_\_\_

Additional Customer License (as required by specific State Legislation or EMS Guidelines):

License Type \_\_\_\_\_ License Number \_\_\_\_\_ Expiration \_\_\_\_\_

**A copy of the Medical Director's State Medical License MUST accompany this authorization form. If controlled substance purchases have been authorized, a copy of the Federal DEA License and State Controlled Substance License (when applicable) must also be attached.**

**This authorization document MUST be resubmitted in conjunction with State Medical License renewal. Should there be a change in Medical Director or authorization level, a new document including applicable license(s) MUST be submitted.**

Mail, fax or e-mail this form and required license certificates to:

**Bound Tree Medical, LLC**  
P.O. Box 8023  
Dublin, OH 43016-2023



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