



Print Application

Controlled Substance Prescription Forms

Please fill out one form for each Licensee even if they are to be on the same pad.

Company Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Name/Licensure _____ Lic. # _____

Category of Licensure _____ DEA / Fed Reg. # _____

Signature of Licensure _____

DELIVERY WILL ONLY BE MADE TO THE ADDRESS LISTED ON THE DEA CERTIFICATE.

Please fill out top portion and return to Business Printing along with a current copy of Doctor's DEA Registration

Business Printing Use Only - Reverse

License Verification By: _____
name date

Checked website www.dca.ca.gov Date _____ Time _____

Yes License Clear / Current

Checked website www.pharmacy.ca.gov

Yes License Clear / Current

Received current copy of DEA Registration. All information is current and doctor is authorized to write prescriptions.

Yes