

MCKESSON

SHIPPING ADDRESS VERIFICATION

Please fax both the signed form and a copy of your license to 804-264-3122.

McKesson Medical-Surgical Inc. ("McKesson"), as a distributor, and depending on the applicable state law, is permitted to ship regulated pharmaceuticals and medical devices only to authorized recipients. It is McKesson's policy that when a shipping address does not match the address listed on a practitioner's license, the practitioner will be required to verify that the shipping address is a valid practice address for the physician.

Please complete the following form and include a copy of your license.

Name on License: _____
License Number: _____ Expiration Date: _____
Type of License: _____
Licensing Board: _____ (ie. Board of Medicine, Board of Pharmacy, Department of Health, etc.)

I certify that I practice at the location(s) listed below and authorize the use of my license in order for McKesson to ship regulated pharmaceuticals and medical devices to the location(s) listed below. (For more than one location, a list of additional authorized locations can be attached.)

McKesson Ship-To Account Number: _____ (Leave blank if account number is unknown)
Ship-To Business Name: _____
Ship-To Business Address: _____ (Address, city, state zip)
Business Telephone Number: _____

Practitioner's Signature: _____

Date: _____