AmberCity.com

Sabra, Inc.
Attention: Sales Department
251 Milwaukee Ave., Suite 111
Buffalo Grove, IL. 60089
Fax: (847) 777-0565
sales@AmberCity.com

Restricted Product Authorization Form

Medical Businesses (Medical Practice, Home Care, Nursing Home, etc.)

Facility Name: _____

Facility Type: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

For Web Orders
Order Number: _____

Order Date: _____

I hereby authorize the internally designated representative named below to order restricted products for mentioned above facility.

Authorized Person Name: _____

Title with the organization: _____

Authorized Person Name: _____

Title with the organization: _____

Attached to this document is a copy of my State licenses (Medical Practice, Home Care or Nursing Home health facility).

I certify that I am a licensed physician, and the enclosed license is authentic and valid at time of restricted product ordering.

State License Number: _____
(please include photocopy of license)

Physician Name (please print): _____

Physician Signature: _____

Date: _____