

Company letterhead or logo:



Organization/Entity:

Address:

City: State: Zip Code:

Date (MM/DD/YYYY): / /

This form can be returned by clicking the "Submit Form" button at the top-right of this page.

This may also be returned via email (narcancustomerservice@ebsi.com) or fax (484-367-7815).

Emergent Devices Inc. (formerly known as Adapt Pharma Inc.) - Specialty Pharm Services
ATTN: Customer Service
15 Ingram Blvd.
LaVergne, TN 37086

Name of Licensed Prescriber

I,

am the responsible person for purchases made by

Organization/Entity Name

Organization/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:

Please feel free to submit a supplemental document or spreadsheet with the additional shipping addresses if preferred

I will notify Emergent Devices Inc. (formerly known as Adapt Pharma Inc.) - Specialty Pharm Services immediately if my responsibility status and/or relationship with this facility is changed or terminated.

Prescriber's Signature