## Designated Agent to Communicate Controlled Substance Prescriptions to Pharmacies Form

[Name of registered individual practitioner]	
[Address as it appears on certificate of registed of registed of registed of registed of registed of registed of register of r	stration]
[DEA Registration Number]	
I,	the undersigned, who
[Name of registrant]	
is authorized to prescribe Controlled Substances in Scl	hedules II, III, IV, and V
under the Controlled Substances Act, hereby	
authorize	, to act as my
[Name of agent]	
Agent only for the following limited purposes:	

- 1. To prepare, for my signature, written prescriptions for controlled substances in those instances where I have expressly directed the agent to do so and where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05) [All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner.]
- 2. To convey to a pharmacist by telephone oral prescriptions for controlled substances in Schedule III, IV, and V in those instances where I have expressly directed the agent to do so and where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05)
- 3. To transmit by facsimile to a pharmacy prescriptions for controlled substances in those instances where I have expressly directed the agent to do so and where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05) and I have signed the prescription.

This authorization is not subject to further delegation to other persons. Both the undersigned DEA-registered individual practitioner and the undersigned agent understand and agree that the practitioner is solely responsible for making all medical determinations relating to prescriptions for controlled substances communicated by the agent pursuant to this agreement, and for ensuring that all such prescriptions conform in all other essential respects to the law and regulations.

The undersigned agent understands he or she does not have authority to make any medical determinations. The undersigned DEA-registered prescribing practitioner further understands that the prescribing practitioner must personally communicate all Schedule II emergency oral prescriptions to the pharmacist. Both the undersigned practitioner and agent understand that the agent may not call in an emergency oral prescription for a Schedule II controlled substance on behalf of the practitioner.

This agency agreement shall be terminated immediately if and when any of the following occur:

- 1. The undersigned practitioner no longer possesses the active DEA-registration specified in this agreement.
- 2. The undersigned agent is no longer employed in the manner described in this agreement.
- 3. The practitioner or the agent revokes this agency agreement by completing the revocation section at the end of this document or by executing a written document that is substantially similar to the revocation section at the end of this document.

[Signature of practitioner]	
I,	hereby affirm that I am the
I,[Name of agent]	
Person named herein as agent and that the	ne signature affixed hereto is my
signature.	
I further affirm that I am Dakota. [Title of agen	
	t]
And (if applicable) am employed by /under	contract with
	I agree to abide by
[Name of employer or contracting entity] all the terms of this agreement and to con regulations relating to controlled substance	
[Signature of agent]	[State license number of agent ] where applicable
[Name of employer/contracting entity] where appl	icable
[Address of employer/contracting entity] where ap	plicable
Witnesses:	
1.	
[Signature]	[Printed name]
2 [Signature]	[Drinted as me]
[Signature]	[Printed name]
Signed and dated on the da	ay ofmonth
year, at	<u>.</u>

## REVOCATION

## of

## **Designated Agent to Communicate Controlled Substance Prescriptions to Pharmacies Form**

The foregoing agency agreement is hereby revoked by the undersigned. The agent is no longer authorized to communicate Schedule II, III, IV, and V controlled substance prescriptions on my behalf.

A copy of this revocation has been given to the agent this same day.

[Signature of registered practitioner revo	king the power]		
Witnesses:			
1[Signature]		[Printed name]	
2[Signature]		[Printed name]	
Signed and dated on the	day of		month
year, at		<u> </u>	