Purpose: This form is used to determine customer qualification and vetting. This form is to be completed by the DEA registrant (customer) applying for purchase of prescription drugs and controlled substances from McKesson Medical-Surgical Inc. The DEA license holder must sign and date the form.

General Information on completing the form: All questions must be answered. Where a question does not apply or is not applicable, write the following: N/A and move to the next question or section. Do not write over, scratch out, obliterate or white out incorrect answers. Incorrect answers must be corrected as follows: Draw a single line through the incorrect information, write the correct information as close as possible to the incorrect information (asterisks may be used to direct the location of correct information if not in close proximity), write a reason for correcting the information, sign and date the correction. Please use blue or black ink. Pencil is not allowed. Return the completed signed and dated form to the McKesson Sales Representative. McKesson Sales Representative is responsible for primary communication with the customer and forwarding information to McKesson Regulatory License Team.

Section 1: Complete the information for the location that will be receiving the purchased product. If more than one practitioner, list all practitioners at the location. Additional page may be included to list additional practitioners. License information must be current and matching. Expired or non-matching license information will result in denial.

Section 2: Write the general information for the facility that will be receiving the purchased product. If additional facilities exist, include those facilities on an additional page similar or the same page for additional information in section 1. Be sure to write business name and any location name if different from business name.

Section 3: This information is directed to anyone at the facility that is responsible for ownership, purchasing, license holder (DEA/BOP/MD,etc) or partners.

Section 4: All questions must be answered. Check each box as they apply. If not applicable, enter N/A in the blank space. Print answers in blue or black ink.

Section 5: Estimates should be made/taken from averages taken over a one year accumulated purchasing history. Where a year’s history is not available, estimates should come from current patient throughput at the facility.

Section 6: Dispensing is considered giving multiple doses of controlled substances directly to the patient for consumption until a follow-up visit is completed. Administering is considered providing doses of controlled substances directly to the patient for consumption until the patient can visit a pharmacy for filling of a prescription. Estimates should be made/taken from averages taken over a one year accumulated purchasing history. Where a year’s history is not available, estimates should come from current patient throughput at the facility.

Section 7: Modification to this section is not allowed. This section is lawful and binding and must be completed by the DEA license holder or practitioner license holder responsible for Controlled Substance purchases. The date must be the date the form is signed.

Section 8 (McKesson Review): Modification to this section is not allowed. This section must be completed by the Regulatory Affairs Department or MMS License. All information must be completed and the date must be the date the form is signed. To be completed after the customer completes, signs and dates the form.