



## FAX COMPLETED FORM TO 888.736.8868

Dear Valued Customer,

Besse Medical, and our parent company AmerisourceBergen, requires that all accounts who purchase opioid treatment medications complete and send back the attached form to document who at your shipping location is permitted to sign for opioid treatment medication orders. We strongly suggest you document all approved associates at your office with controlled substance signature authority. Please use the second form if you have more than three approved associates.

Please read CFR Requirement:

**21 CFR 1301.74 (h) Requirement:**

*(h) The acceptance of delivery of narcotic substances by a narcotic treatment program shall be made only by a licensed practitioner employed at the facility or other authorized individuals designated in writing. At the time of delivery, the licensed practitioner or other authorized individual designated in writing (excluding persons currently or previously dependent on narcotic drugs), shall sign for the narcotics and place his specific title (if any) on any invoice. Copies of these signed invoices shall be kept by the distributor.*

Please complete this form and fax back to 888.736.8868. We will keep this form on file and will ask for periodic updates. Besse Medical will assume all information to be true and accurate unless notified by your practice. It is the responsibility of your practice to update Besse Medical with staff changes in regards to licensed practitioner and/or those with controlled substance signature authority. Failure to do so could result in termination of your account. Thank you in advance for your cooperation as we strive to distribute controlled substances with an emphasis on compliance.

Sincerely,  
Besse Medical

This facsimile was sent by Besse Medical, 9075 Centre Pointe Dr., Ste 140, West Chester, Ohio 45069. You received this fax because of your established business relationship with Besse Medical or because you otherwise consented to receive faxes from Besse Medical. You may request to be removed from any future fax communications, and we will promptly comply with your request. Failure to comply with the request within thirty (30) days is unlawful under federal law. A failure to comply with your request within a shorter period of time may also be a violation of certain state laws. If you wish to opt out of further fax communications, please call 1-800-543-2111, fax 1-888-736-8868, or email [accountsetup@besse.com](mailto:accountsetup@besse.com).

**NARCOTIC TREATMENT CENTER PROGRAM  
PERSONNEL AUTHORIZED TO ACCEPT  
AND SIGN FOR RECEIPT OF ORDER**

**SIGNATURE RECORD**

DEA NUMBER:
ACCOUNT NUMBER:
ACCOUNT NAME:
ADDRESS:
CITY:
STATE:
ZIP:
PHONE:

LICENSED PRACTITIONER (Print Name):	
LICENSED PRACTITIONER (Signature):	
TITLE:	DATE:

<b>OTHER AUTHORIZED INDIVIDUAL(S)</b>	
AUTHORIZED PERSONNEL (Print):	
AUTHORIZED PERSONNEL (Signature):	
TITLE:	DATE:

AUTHORIZED PERSONNEL (Print):	
AUTHORIZED PERSONNEL (Signature):	
TITLE:	DATE:

AUTHORIZED PERSONNEL (Print):	
AUTHORIZED PERSONNEL (Signature):	
TITLE:	DATE:

AUTHORIZED PERSONNEL (Print):	
AUTHORIZED PERSONNEL (Signature):	
TITLE:	DATE:

*Please use reverse side to list additional personnel, if necessary.*