MedlineIndustries, Inc.
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"All sections of this form are required fields and must be completed."

Healthcare Practitioner Authorization Form (HPAF)

I authorize the use of my state medical license or DEA license by Medline for the account and facility address specified below for the purpose of purchasing prescription drugs and/or prescription devices.

Step 1: What type of items do you want to purchase? ☐ Prescription Drugs   ☐ Prescription Devices

Step 2: How many accounts do you want to authorize?

☐ I want to authorize ONE account

Note: Authorizations only allowed for addresses located within same state as practitioner's license

Medline Account #:

Name of Facility:

Facility Address:

(Street address, city, state, zip code – include suite #s if applicable)

☐ I want to authorize MULTIPLE accounts

Note: Authorizations only allowed for addresses located within same state as practitioner's license

Provide a list of account numbers AND addresses that this authorization covers.

Account Number	Address (street address, city, state, zip code–include suite #'s if applicable)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

If more than 10 accounts are being authorized, please submit in an excel sheet format including the full street address and suite #'s

Step 3:

License #:	****A copy of the actual license must accompany this form (NOT the online verification)****
Signature of Licensee:	**Date:**

Print Licensee Name:

By signing this document I agree to notify Medline immediately if my responsibility status and/or relationship with this facility changes or terminates.

Step 4: Please email this completed form and copy of the license to: **Licensing@medline.com** or fax to **866-914-2586**. If you have any questions please contact the Licensing Department at 847-643-3884 during the hours of 8am-5pm CST, Mon-Fri.