



Medical Authorization Form

Thayer Medical Corporation, 4575 S. Palo Verde Rd, Ste 337, Tucson, AZ 85714 www.thayermedical.com

The Food & Drug Administration (FDA) per 21 CFR 801.109 considers spacer devices for use with metered dose inhalers (MDI's) to be prescription devices. In order to sell or ship this category of prescription device(s) to you, we must receive authorization from a licensed physician or other authorized practitioner responsible for your company or school that is licensed by law to prescribe.

Please have a licensed physician or other authorized practitioner complete the form below and return this entire form when submitting an order.

The company/school named below is solely responsible for meeting all federal, state, and local laws, including, program training requirements related to this category of medical device(s).

Company/School Name: _____
Attention/Designated Representative: _____
Street: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

- Single Location
- Multiple Locations**

**Please attach a separate document listing the required company/school information for additional locations provided for under this Medical Authorization.

Authorizing Physician or Other Authorized Practitioner:

I hereby authorize the internally designated representative at the above listed or as provided on the attached list of company/school location(s) to purchase and use prescription spacer devices.

Physician/Authorized Practitioner Name: _____
Physician/Authorized Practitioner Address: _____
Street: _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Signature: _____ Date: _____

State License Number*
*Copy Preferred

State of Licensure: _____ License# _____ Exp. Date _____