

# Designating Agent of Practitioner for communicating Controlled Substance Prescriptions to Pharmacies.

\_\_\_\_\_  
Name of registered individual Practitioner

\_\_\_\_\_  
Address as it appears on certificate of registration

\_\_\_\_\_  
DEA registration number

I, \_\_\_\_\_(name of registrant), the undersigned, who is authorized to dispense (including prescribe) controlled substances in Schedules II, III, IV, and V under the Controlled Substances Act, hereby authorize \_\_\_\_\_

(name of agent), to act as my 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 prescriptions (set forth in 21 CFR 1306.05)
2. To convey to a pharmacist by telephone oral prescriptions for controlled substances in Schedules 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 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 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 agency 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, \_\_\_\_\_(name of agent), hereby affirm that I am the person named herein as agent and that the signature affixed hereto is my signature. I further affirm that I am a \_\_\_\_\_ (title), licensed in the State of \_\_\_\_\_,(where applicable) and (if applicable) am employed by / under contract with \_\_\_\_\_ (name of employer or contracting entity). I agree to abide by all the terms of this agreement and to comply with all applicable laws and regulations relating to controlled substances.

\_\_\_\_\_  
(Signature of agent)

\_\_\_\_\_  
(State license number of agent where applicable)

\_\_\_\_\_  
(Name of employer/contracting entity)

Witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_(month)  
\_\_\_\_\_(year), at \_\_\_\_\_(Time).

***Revocation:***

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 to a pharmacy on my behalf. A copy of the revocation has been given to the agent this same day.

\_\_\_\_\_  
(Signature of registered practitioner revoking power)

Witnesses:

1. \_\_\_\_\_

2. \_\_\_\_\_