Mohawk Healthcare
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Restricted Item Authorization Form

Mohawk Healthcare, operating the ecommerce website www.MohawkMedicalMall.com, requires a completed and signed Restricted Item Authorization Form, along with a legible copy of the professional license referenced on the form, before distributing any products designated by the manufacturer as restricted. Acceptable credentials include a valid State or Federal healthcare license held by the individual signing the form.

The authorization form must be hand-signed by the licensed professional and affirms that the signee accepts full responsibility for all restricted-item purchases and shipments to the designated location(s). Authorization must be renewed upon expiration of the submitted license.

Facility Name:	**1st MohawkMedicalMall Order#:**		
Address:	**Suite or Room #:**		
Address:	**City:**	**State:**	**Zip:**

To authorize additional locations, please provide a list of full addresses (including suite or room numbers, if applicable). The individual signing this form must sign the attached list to validate the submission.

By signing this document, I authorize the use of my State or Federal Healthcare license for the location(s) specified above, solely for the purpose of purchasing restricted products. I further agree to notify Mohawk Healthcare immediately if my responsibility status or relationship with the location(s) changes or terminates.

License #	***Please include copy of actual license (online verification not accepted)***
Signature of Licensee	
Print Licensee Name:	
Email Address:	**Phone#**

Please email this completed form and copy of healthcare license to service@MohawkMedicalMall.com or fax to 315-797-0365