



Mohawk
Healthcare®

Prescription Drug / Medical Device Authorization Form

Mohawk Healthcare, a trade name of Mohawk Hospital Equipment, Inc., requires an authorized license on file in order to sell and ship prescription pharmaceuticals and medical devices under Federal law. In addition, this Prescription Drug/Medical Device Authorization Form must be completed by the individual named on the license who is accepting full responsibility for all purchases and shipments to the designated location(s). This Prescription Drug/Medical Device Authorization Form must be renewed on the expiration of the license.

Please complete this form and mail to Mohawk Healthcare, PO Box 27, Utica, NY 13503 or Fax to 315-797-0365

All forms must be accompanied by a copy of the license

Business Name: _____

Account Number: _____

Address: _____

City and State: _____

Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

License Number: _____

Exp Date: _____

License Holder Signature: _____

License Holder Name (Please Print) : _____

Date: _____