



Medical Authorization Form

Please return via fax 718-682-6180 or email to rx@mdmaxx.com

In order to sell and ship prescription products to you, we must receive authorization from your physician. Please have the authorized physician complete this form and return it to us with a copy of a prescription or their state license.

Patient Information: (All Information Required)

Order Number	
Patient Name	
Patient Address	
City	
State	
Zip Code	
Patient Phone #	

Physician Information: (All information Required)

Authorizing Physician Name	
Physician Phone #	
Physician Address	
City	
State	
Zip Code	
UPIN Number	

Physician Signature _____ Date _____