UC San Diego Health

CONTROLLED SUBSTANCE SECURITY PRESCRIPTION PAD ORDER

This is an fillable PDF file and you may fill it out on your computer. After you fill out the form, you can email the document, along with your **DEA Certificate**, to **forms@ucsd.edu**. Alternately, you can print them out and fax both to **619-543-7859**.

**** YOU MUST INCLUDE YOUR DEA CERTIFICATE WITH THIS FORM OR YOUR ORDER WILL NOT BE PROCESSED.****

Date:							Street Address, Floor, Room #, Bldg B, etc.		
Department Name:				Phone:				-	
Contact Name:		Email:							
	NE	NEW ORDER			REORDER		DELIVERY TIME: 15 WORKING DAYS		
MULTIPLE PRES	SCRIBERS ON ONE	FORM							
On multiple prescriber to Physician assuming res	forms, one of the listed prescr sponsibility:	ribers must sig	n and accept respo	nsibility for all the pads. Responsible Physic		des accepting delivery of a	nd future control/issuan	ce of the pads.	
Last Name	First Name	MI	Degree	Specialty	DEA Number	License Number	NPI Number	Quantity (50 / Pad)	
								6 pads 20 pads	
								6 pads 20 pads	
								6 pads 20 pads	
								6 pads 20 pads	
PLEASE CHECK OFF TH	HE ADDRESSES BELOW TH	IE PHYSICIAI	WILL BE PRACT	TICING AT. IF THE ADD	RESS(ES) IS(ARE) NO	T LISTED, PLEASE ENTE	R IT(THEM) ON LINE	S TO THE RIGHT	
200 West Arbor Drive – San Diego, CA 92103 9300 / 9500 Campus Point Drive – La Jolla, CA 92037 330 Lewis Street – San Diego, CA 92103				Alternate Addresses:					
	h Sciences Drive – La Jo Mesa Blvd. – Suite 200 -								
	Street – San Diego, CA	•	•						
8939 / 8950 Villa La Jolla Dr. – La Jolla, CA 92037									
9415 Campus Point Drive – La Jolla, CA 92093									
	see Avenue – San Diego		2						
9434 Medic	cal Center Drive – La Jol	iia, CA 9209	ర						