



The Department of Pharmacy Services at Clarian Health is required to maintain a record of physician signatures and DEA numbers for verification of prescriptions. Please provide the following information so that we may properly process prescriptions and medication orders for your patients.

REGISTRY OF SIGNATURE

Date _____

Service _____

Signature _____

Printed Name _____

Initials _____

DEA/Social Security Number _____

State License _____

FOR PHARMACY AND MEDICAL RECORDS USE ONLY