

Allergy Laboratories, Inc.
Phone 405-235-1451, 800-654-3971
Fax 405-232-4840, 800-811-3389

ACCOUNT VERIFICATION

Office Use Only

Date received: _____

Account No: _____

Account name: _____

License information (authorizing purchase of prescription products):

- Medical Doctor Pharmacy Distributor/Wholesaler/Manufacturer
 Healthcare Institution

Name of licensee: _____

State of licensure: _____ License number: _____

Staff authorized to order prescription products:

Name of person authorizing prescription product purchases:

Signature _____ Date: _____

Contact info: (phone, fax, or email) _____