



3101 Gaylord Parkway, Frisco, TX 75034
Telephone: (855) 803-9480
Fax: (855) 803-9481

Physician License Information:

Entity Name and Address:

Name: _____

Name of Entity: _____

License No.: _____

Address: _____

Address: _____

Contact Person: _____

Phone No.: (____) _____

Additional shipping addresses may be listed below.

To: Integrated Commercialization Solutions, Inc. d/b/a Pacira

The undersigned physician certifies that he/she (a) is affiliated with the entity and location identified above and any additional shipping locations listed below, (b) will be responsible in all respects for the receipt and accountability of pharmaceutical products shipped to the entity at such location(s), and (c) will immediately notify Pacira if either of the foregoing statements is no longer true.

This certification and authorization does not apply to shipment of controlled substances.

(Optional) I authorize the following representatives to accept and be responsible for pharmaceuticals delivered to the shipping address(es): Print Name(s): _____

PHYSICIAN SIGNATURE REQUIRED: (must match name on license)

Signature: _____

Print Name: _____

Date: _____

NOTE: You MUST submit to Pacira:

- A copy of a valid license reflecting the license holder's name AND
Evidence that each shipping address is your medical office (acceptable evidence includes a business card or letterhead that reflects the shipping address).

If the shipping location is a clinic, you must submit a valid license or permit reflecting the name and address of the clinic.

Additional Shipping Addresses (optional):

Shipping Address:

Name of Location: (if different from above) _____

Address: _____

Contact Person: _____

Phone No.: (____) _____

Shipping Address:

Name of Location: (if different from above) _____

Address: _____

Contact Person: _____

Phone No.: (____) _____