



ADROIT
SURGICAL

License Authorization Form

A CUSTOMER AND SHIPPING INFORMATION

Please Print or Type:

Facility Name: _____ Account # _____

Contact Name: _____ E-mail address: _____

Company Shipping Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Does customer have multiple shipping addresses? Yes* No

B ITEM CERTIFICATION

I the undersigned, certify that the items purchased will be used only by the organization named above. The material will not be sold to a third party, distributed or used for any other purpose.

C PRODUCT CATEGORY AND LICENSE INFORMATION

I, the undersigned, am the Medical Director for the above-named facility at the above-specified shipping address. In this capacity, I hereby authorize the facility to order the Medical Devices the Vie Scope® and the Voir Bougie®. With respect to such orders, a copy of such license is attached to this form. Physician's

License or State Board of Pharmacy License # _____ Expiration Date: _____

D STATEMENT OF AUTHORITY AND SIGNATURE

I hereby swear under penalty of perjury that (i) I am the Medical Director with responsibility for the facility identified above in Part A with respect to the specified address; (ii) that the license information provided is current and accurate and I am, therefore, licensed to authorize shipment of the medical devices indicated on this form to the facility designated.

Signature: _____ Date: _____

Print Name: _____ Print Title: _____

Medical Director's Email: _____ Medical Director's Phone: _____

Instructions:

This Authorization is only valid if accompanied by a copy of the Medical License.

This Authorization will expire at the time of the expiration of the above-specified license (as applicable to the product ordered).

Upon expiration, a new Authorization must be submitted for orders to be processed. If there is a change in Medical Director, this Authorization will immediately become invalid and a new Authorization, including applicable license(s), must be submitted for orders to be processed.

Please complete this form and submit a copy of the appropriate license(s) to Customer Licensing by email to customerservice@adroitsurgical.com