

Kentucky Prescription Pads – Signature Release Form

All prescription pad orders for the State of Kentucky must be accompanied by the signature, printed name, date, and DEA# number of the licensed medical prescriber authorizing the order.

Please note we cannot process your order until this is received.

Printed Name: _____

Signature: _____

DEA# _____

This number will not be printed on your script unless requested by you. It is for verification purposes only.

Signature release forms may be returned by fax, e-mail, or mail.