

Physician Statement

Pharmacies are legally bound to fill prescriptions written by physicians who maintain a relationship with their patients. This statement assures you that KRS is practicing within the law. When you submit this form, please be sure to include a copy of the physician's state license and the DEA permit.

KRS makes the highest quality medications and provides unmatched customer service for your practice and patients. This requires us to request the following information to support your patients:

All prescriptions must contain the patient's name, date of birth, address and phone number.

All prescriptions must carry complete instructions for use.

A "Physician Statement" regarding a valid doctor-patient relationship must be on file at KRS prior to the dispensing of prescriptions.

Controlled Substance Act

Section 1306.04 Purpose of issue of prescription.

(a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C. 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patient.

Prescriptions for controlled substances will not be dispensed in excess of a six-month supply. (I.e. patients taking 2ml of an injectable drug weekly shall receive no more than 50 ml of medication within a six month time period).

Each prescription for controlled substances must bear the patient name, date of birth, phone number and address of each patient. Section 1306.04 of the Controlled Substances Act prohibits "For Office Use" prescriptions to be filled for future dispensing to patients.

Physician Statement: Doctor/Patient Relationship

Dear Doctor:

KRS understands that in some cases, the patient and the prescribing physician may reside in different states. In order to ensure that all prescriptions receive by KRS are pursuant to a valid doctor/patient relationship, we require that our prescribing physicians agree that the following elements are satisfied prior to sending us a prescription. For purposes of state law, many state authorities, with the endorsement of medical societies, consider the existence of the following four elements as an indication that a legitimate doctor/patient relationship has been established:

- A patient has a medical complaint:
- A medical history has been taken:
- A physical examination has been performed:
- Some logical connection exists between the medical complaint, the medical history, the physical examination, and the drug prescribed.

General - In accordance with Federal Guidelines (Guidance for FDA Staff and Industry, Compliance Policy Guides Manual, Sec. 460.200 Pharmacy Compounding, May 2002), and Florida Law (Rule 64B16-27.700), compounded prescriptions cannot be resold.

Missouri Specific - In compliance with Missouri Law (MO 20 CSR 2220-2.400), compounded prescriptions labeled for "Office Use" is strictly prohibited. Therefore, all compounded prescriptions must be issued with patient specific information including name, address and date of birth.

Ohio Specific: - In compliance with the Ohio State Board of Pharmacy Rule (4729-9-21), compounded prescriptions labeled for "office use" is strictly prohibited. Therefore, all compounded prescriptions must be issued with patient specific information including name, address, date of birth, and shipped directly to the patient only.

I, (Print) _____, agree that all prescriptions sent to KRS will meet the criteria above. I agree that there is no other agreement written, oral or otherwise that negates this one.

Physician Signature: _____

Date: _____

****Domestic - Please attach copy of physician state license and DEA Permit ****

****International - Please attach copy of physician Country/Provence license****

Fax completed package to

Domestic 866.480.3322 • International 561.989.1595