



Addiction Therapy Services - Authorized Signers Form

Date: _____

Clinic Name: _____

Clinic Address: _____

City/State/Zip: _____

DEA Registration Number: _____

Contact Name: _____ Phone: _____

Contact Email: _____

Email address to receive order confirmations: _____

Please list all individuals authorized to sign for deliveries:

Name: _____	Title: _____
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Name: _____	Title: _____
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Name: _____	Title: _____
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Name: _____	Title: _____
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Name: _____	Title: _____
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Click "Submit" to email the form to Hikma Addiction Therapy Customer Service

Form may also be submitted via email or fax

Hikma Addiction Therapy Customer Service

T: 833-449-3475 | F: 866-464-1562

usaddictiontherapy@hikma.com