

Pharmacy Signature Card

Instructions

- Please complete all fields below.
- **MD or MT Number:** Your license number should be submitted in the following forms:
 - MD-XXXXXX
 - MT-XXXX
- **DEA #:** This field is not required. If you have one, you may use it.
- VA Assigned # and Expiration Date is completed by the VAPHS Pharmacy Department.
- **Please print and sign the signature card.**
- Return to the Pharmacy Service via your Trainee Coordinator.

Last Name: _____

First Name: _____

Middle Initial: _____

Service Line: _____

MD Number: _____

MT Number: _____

VA Assigned #: _____

DEA #: _____

Class: _____

PGY: _____

Pager: _____

Signature: _____

Date: _____