

DEA Registration Waiver

This letter is to serve and acknowledge that I, Dr. _____ do not possess a DEA or CDS license. As such, if a substance of that level is required to be ordered, I will do the following:

(Please choose the option that applies to you.)

I will call upon a prescribing provider within this practice location that does possess a DEA registration to order such medications.

Prescribing Physician's Name: _____

Prescribing Physician's Signature: _____

Prescribing Physician's DEA Registration Number: _____

Please attach a current and valid copy of the prescribing physician's DEA registration.

I will refer the patient to their primary care provider or to another practitioner for evaluation and management.

Provider's Signature

Date