PRESCRIBER RECORD	
(Volunteers or from other response team	ns)
AS OF (DATE)	
MISSION:	

All medical personnel that are licensed to prescribed prescription medications should sign in each day and complete the following table. Each prescriber should provide copies of license/certification and valid ID for verification.

Prescriber Record					
NAME (Print & Signature)	Address	Phone #	Email Address	License (#, State)	DEA # (for controlled substances)

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LOCATION:	

Prescriber Record					
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