

## Acknowledgement Form for Prescription Medical Devices

Thank you for choosing eSutures. In the absence of providing a medical license, we require a signed acknowledgement that you will use all prescription medical items purchased from eSutures.com for non-clinical purposes only.

*Please complete this form and return to [RXpermits@eSutures.com](mailto:RXpermits@eSutures.com)*

eSutures Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Contact Email/Phone: \_\_\_\_\_

---

I hereby represent to eSutures.com that the Rx products I purchase will be used for non-clinical research purposes only and not for any medical procedures.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_