

License/Acknowledgement Form for Prescription Medical Devices

Dear Customer:

Thank you for choosing eSutures.com. In order to purchase prescription medical devices, eSutures.com is required to maintain on file a copy of your applicable Rx license (Option A) or a signed Acknowledgement that you will use prescription medical devices for non-clinical purposes only (Option B). To ensure your purchases are not delayed, please complete PART 1 and either PART 2 (Option A) or PART 3 (Option B) of this form and return it to rxpermits@esutures.com

PART 1 (Must be completed)

eSutures.com Account Number : _____

Company Contact (Name/Title): _____

Contact Information (email/phone): _____

PART 2 (Option A) SUBMIT A COPY OF YOUR LICENSE

Check the applicable box based on which type of license you are providing:

- CLIA License or Accreditation
- State Pharmacy License
- State Clinical Laboratory License
- State Veterinary License
- State Medical License (Physician/Dentist/Medical Technologist)
- FDA Manufacturing Registration

Email a copy of your license along with this completed form to rxpermits@esutures.com

PART 3 (Option B) SIGN AND RETURN ACKNOWLEDGEMENT

I hereby represent to eSutures.com that that the Rx products purchased will be used solely for non-clinical research purposes and not for any clinical or veterinary purposes.

Company Name: _____

Authorized signature _____ Date _____

Email this completed form to rxpermits@esutures.com