

Date Submitted _____

Submitted by _____

CUSTOMER ORDERING INFORMATION - updated 3/31/21	
Primary Wholesaler/Distributor*	
Secondary Wholesaler/Distributor*	
Billing Contact (name)	
Billing Phone number	
Billing Email Address	
Specialty Pharmacy	
GPO Affiliation	
Does Customer Use CSOS (Controlled Substance Ordering System) - Yes/No	Yes _____ No _____
Does customer need to be set up as Direct - Yes/No	Yes _____ No _____
Storage for CII drugs satisfies DEA requirements (double-lock secure storage with	Yes _____ No _____
Personnel are able to manage respiratory depression – ACLS-trained nurses or pa	Yes _____ No _____
Oxygen saturation monitoring capability on site	Yes _____ No _____
Supplemental oxygen available – either from a wall source or from a tank	Yes _____ No _____
Nasal cannula available on site	Yes _____ No _____
An Ambu bag with face mask is available on site	Yes _____ No _____
Naloxone is immediately available	Yes _____ No _____
<i>If yes - complete the following</i>	<i>The information below must match the DEA License used for REMS</i>
Legal Name of Practice	
Legal Address	
Person to sign contracts	
Person to receive legal notices	
Email to send legal notices	
Address to send legal notices	

*** If McKesson - confirm if they use McKesson or McKesson Med-Surg**
 This form is to be completed by AcelRx personnel only. Not for distribution to customers.
 Form must be completed and submitted with all REMS submissions
 If immediate need - text form to **Mike (760-917-0940)** and email a copy to **dsuviarems@acelrx.com**
 If not immediate need - email form to: **dsuviarems@acelrx.com**