

DECLARATION OF CONTROLLED DRUGS

Please fill out and mail to: SHS, Select Health Services, LLC, 560 People's Plaza, Box 193, Newark, DE 19702

1. _____ (customer name) hereinafter ["Customer"] located at _____ (Address, City and State) is registered with the Drug Enforcement Administration (DEA), _____ (DEA Registration #).

2. Customer declares and attests they fully comply with all federal and state laws and regulations on the dispensing of controlled substances including but not limited to dispensing to patients only pursuant to a legitimate prescription issued in the course of established doctor-patient relationship (e.g., pursuant to a physical examination) and only for a legitimate medical purpose.

3. Customer will not knowingly dispense controlled substances for prescriptions that have been received via the internet, mail-order, or other non-walk-in customer where it has reason to believe that the prescription was issued without a legitimate medical purpose.

4. Customer states that its requirements for purchases of Lifestyle Drugs (e.g. alprazolam, hydrocodone, phentermine) from SHS, Select Health Services, LLC are necessary for the following reasons: (please describe the reason for purchasing these drugs in the quantities requested including information about the prescriber and the general purposes for which the drugs are being prescribed)

5. Customer certifies that it has made sufficient inquiry to be able to make this declaration truthfully, accurately and without material omissions. Customer affirms by signing this declaration that the above is true and correct to the best of its knowledge and belief.

Signature

Printed Name of Signer

Title

Date