

**PRESCRIPTION PLAN DESIGNATION**

I, \_\_\_\_\_, the undersigned, do hereby attest that I have made arrangements with \_\_\_\_\_ for all prescribing needs that I may have until such time as I have received my own assigned DEA (issued in accordance with DEA address standards) AND/OR my own Nevada Pharmacy license. Such arrangements comply with all applicable laws.

Designee:

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DEA #: \_\_\_\_\_

I further attest I have registered for my own DEA AND/OR Nevada Pharmacy License and upon receipt of my assigned number I will promptly supply the number to OneHealth.

I understand that this designation will only be in effect for up to 90 days. At which time, if I have not obtained my own DEA information, my credentialing and network participation status with OneHealth may be affected.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date