

**Braeburn Access Program  
Probuphine (buprenorphine) Implant  
VA/FSS Wholesale Ordering Authorization Form**

**Organization Information**

Authorized FSS Organization:  VA  DoD  Public Health Systems  Coast Guard  Other

If Other, Name of Organization: \_\_\_\_\_

Medical Facility Name: \_\_\_\_\_

Facility DEA No: \_\_\_\_\_ Facility No: \_\_\_\_\_

Prescriber First Name: \_\_\_\_\_ Prescriber Last Name: \_\_\_\_\_

Prescriber NPI #: \_\_\_\_\_

**Ship To Information**

Ship To Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

Suite/Building/Floor/Mailstop: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

\*Note: Probuphine orders cannot be processed unless the shipping address matches the address for the DEA Registration number provided on this form.

**Bill To Information**

Bill To Name: \_\_\_\_\_

Attention: \_\_\_\_\_

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

Suite/Building/Floor/Mailstop: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

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

\*Note: Probuphine orders cannot be processed unless the shipping address matches the address for the DEA Registration number

**Please see full Prescribing Information, including BOXED Warning, for Important Safety Information.**

**Order Information**

Purchase Order #: \_\_\_\_\_

<b>PROBUPHINE®</b>	<b>Quantity:</b>
<b>Insertion Kit</b>	<b>Quantity:</b>
<b>Removal Kit</b>	<b>Quantity:</b>

Any orders placed with Braeburn Access Program under this agreement, will be governed by the terms and conditions of the Federal Supply Schedule (FSS) Agreement relating to the relevant product manufacturer.

This FSS Ordering Activity Document is for use only where the product or products to be ordered from Braeburn Access Program are subject to an FSS agreement, where the ordering entity is an eligible FSS purchaser, and where Braeburn Access Program has agreed with the product manufacturer to support distribution of the product according to the FSS agreement. For questions regarding this agreement, please contact Braeburn Access Program at 844-859-6341.

**FSS Facility Representative Contact Information**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Please complete and return with licensure to 866-441-4091. If you have questions, please call Braeburn Access Program at 844-859-6341.

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