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Controlled Substance Verification Form
 (Please Print or Type)

Physician Assistant's Name: _____

License Number: _____

Provider NPI#: _____

Responsible Physician Name: _____

License Number: _____

Provider NPI#: _____

A Drug Prescription Protocol as authorized by the responsible physician must be submitted to authoritative board for the physician assistant to prescribe drugs or request, receive, sign for and distribute to patients professional samples. Further, in no case shall the scope of the authority of the physician assistant to prescribe drugs, exceed the normal and customary practice of the responsible physician in the prescribing of drugs. To prescribe controlled substances, the physician assistant must register with the Drug Enforcement Administration.

Current Office Address: _____

A change in principal place of business needs to be reported within 10 days.

The physician assistant is authorized to prescribe controlled substances as follows:

	NONE	ALL	ALL Except Specify
Schedule II			
Schedule II-N			
Schedule III			
Schedule III-N			
Schedule IV			
Schedule V			

Exceptions: _____

INFORMATION PERTAINING TO DEA REGISTRATION	YES	NO
1. Responsible physician has a current DEA number?		
2. Physician Assistant has a current DEA number?		
3. Responsible physician and physician assistant have DEA registrations for prescribing of controlled substances all schedules?		

If the answer is "no" to question 1 or 2, please provide explanation: First Time DEA Applicant

Other: _____

If the answer is "yes" to question 3, please provide explanation: _____

The physician assistant is authorized to prescribe **non-controlled** drugs as follows:

	NONE Within Class	ALL Within Class	ALL Except Specify Below
Analgesics (non-narcotic)			
Anthelmintics			
Antibiotics			
Antifungals			
Antihistamines			
Antihypertensives			
Antinauseants			
Antispasmodics			
Bronchodilators			
Contraceptives			
Cough Suppressants			
Cardiac Drugs			
Decongestants			
Diuretics			
Expectorants			
Estrogens			
Progesterone Preparations			
Hemorrhoidal Preparations			
Injectables			
Skeletal Muscle Relaxants			
Topical Ophthalmic Preparations, Except Steroids			
Otic Preparations			
Vaginitis Preparations			
Vitamins and Minerals			
Topical Preparations			
Steroids			
Anti-Anxiety and Anti Depressants			
Other (SPECIFY BELOW)			

Other/Exceptions: _____

The physician assistant's authority to request, receive and sign for professional samples and to distribute professional samples to patients is identical to the physician assistant's authority to prescribe non-controlled substances, except: _____

Responsible Physician _____
Signature

Date: _____

Printed Name

Physician Assistant _____
Signature

Date: _____

Printed Name

MID-LEVEL PRACTITIONER CLINICAL PRACTICE GUIDELINES

APPLICANT

PA is to mark each procedure being requested.
 Column 1 may be done by PA when physician is present.
 Column 2 may be done by PA when physician is not present.

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
	Perform & dictate a complete history		
	Perform & dictate a physical examination		
	Write Progress Notes		
	Dictate discharge summaries		
	Obtain post mortem consents		
	Draw blood specimens		
	Catheterization		
	Perform arterial punctures		
	Venous punctures		
	Determine visual fields		
	Pass nasogastric tubes		
	Perform Pap smears		
	Perform gastric lavage & gavage		
	Perform skin biopsies		
	Perform I & D of superficial abscess		
	Perform venous cutdowns		
	Removal of minor skin lesions		
	Removal of ingrown toenails		
	Assist in surgery		
	Assist in recovery		
	Order inhalation therapy		
	Order IV Fluids		
	Order Medications		
	Order Diet Therapy		
	Order Patient Activities		

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
	Order X-ray examinations		
	Order Laboratory procedures		
	Order EKG's		
	Order EEG's		
	Order audiometry tests		
	Order ambulance		
	Order physical therapy		
	Order consultations		
	Apply casts		
	Order Isolation		
	Removal of casts		
	Removal of superficial foreign bodies		
	Spinal Tap		
	Thoracentesis		
	Paracentesis		
	Sigmoidoscopy		
	Perform emergency life saving procedures in the presence of life threatening situations such as cardiac or respiratory arrest, massive hemorrhage, etc.		
	Perform intubations		
	Insert central lines		
	Remove central lines		
	Insert transvenous pacemakers		
	Set large bone fractures or dislocations		
	Set small bone fractures or dislocations		
	Code blue team leader		
	Admit patient for physician		
	Removal of foreign body from eye		
	Perform joint aspirations		
	Perform bone marrow aspirations & biopsy		
	Provide intensive care on ambulance		
	Perform laryngoscopy		
	Perform tracheotomy		
	Perform cricothyrotomy		

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
	Perform nerve blocks		
	Perform cryocautery, chem. cautery & electrocautery		
	Evaluate & treat emergency room patients (within limits of ability of the care provider)		
	Psychotherapy		
	All nursing procedures		
	Please list below other privileges requested:		

Mid-Level Practitioner Signature

Printed Name

Date

Supervising Physician Signature

Printed Name

Date

Secondary Supervising Physician Signature

Printed Name

Date