

High Security Prescription Form Request
Ventura County Medical Center

Date: _____

Address and Phone Number (to be printed on Rx pad) –
Indicate either #1 or #2 (not both):

#1. If your primary location is at the hospital, check below:

Ventura County Medical Center
3291 Loma Vista Road
Ventura, CA 93003
805-652-6000

**** NOTE:**
**PLEASE ATTACH A
LEGIBLE COPY OF
YOUR CURRENT
CALIFORNIA
MEDICAL LICENSE
AND DEA
CERTIFICATE WITH
EACH REQUEST.**

#2. If your primary location is at a clinic, check the clinic name below:
(Note: the address and phone number for each clinic is already on file.)

<input type="checkbox"/> Anacapa Clinic	<input type="checkbox"/> Las Islas Clinic	<input type="checkbox"/> Pediatric Diagnostic Center
<input type="checkbox"/> Cardiology	<input type="checkbox"/> Magnolia Clinic	<input type="checkbox"/> Piru Clinic
<input type="checkbox"/> Conejo Clinic	<input type="checkbox"/> Mandalay Bay Children's Center	<input type="checkbox"/> Santa Paula Clinic
<input type="checkbox"/> Family Care Center	<input type="checkbox"/> Moorpark Clinic	<input type="checkbox"/> Sierra Vista Clinic
<input type="checkbox"/> Fillmore Clinic	<input type="checkbox"/> MSC – West	<input type="checkbox"/> West Ventura Clinic
<input type="checkbox"/> Heme-Onc Clinic	<input type="checkbox"/> Ortho Clinic	<input type="checkbox"/> Women's Clinic
<input type="checkbox"/> Immunology Clinic		<input type="checkbox"/> Other _____

Physician Information

Name _____

DEA License # _____

Calif. Medical License # _____

Number of Pads requested (100 prescriptions per pad) _____ (minimum order is 5 pads)

Physician Signature _____

(FORWARD FORM TO VCMC MEDICAL STAFF OFFICE, 3291 LOMA VISTA RD., VENTURA 93003)

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Reviewed & Approved:

Lanyard K. Dial, M.D.
VCMC Medical Director

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(For Office Use Only) Printing company requires copy of current DEA certificate & State medical license for all orders and re-orders.

Copy of current DEA certificate attached

Copy of current Calif. Medical license attached