



Henry Schein, Inc. • 135 Duryea Road • Melville, NY 11747

**CERTIFICATION BY FOREIGN CUSTOMER**

Customer Name: \_\_\_\_\_ Customer Number: \_\_\_\_\_

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

Ship to Address and Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

**If your country requires you to have a license to dispense or to order prescription drug or device products from Henry Schein, Inc. please complete this and INCLUDE A COPY OF YOUR LICENSE**

Country in which customer is licensed to order & possess prescription drugs and/or devices: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name, Address, and Telephone Number of Licensing Authority: \_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided above is truthful and accurate, and that I intend to use the prescription products purchased from Henry Schein, Inc. in a manner consistent with the laws and regulations of the country in which I am licensed. I understand that Henry Schein, Inc. may contact the licensing authority identified above to confirm that I hold a valid license to order & possess the prescription products I purchase from Henry Schein, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**If your country DOES NOT require you to have a license for the ordering of prescription drug or device products from Henry Schein, Inc. please sign below:**

I certify that my country of residence/practice **does not** require me to be licensed when ordering and possessing the prescription drug or device products sourced from Henry Schein, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\* This form is valid for 3 years from signature date. Updated copies of customer's license are required to be attached if expiration date is shorter than 3 years.