

## ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340 ● Little Rock, AR 72201 ● (501) 296-1802 ● Fax (501) 296-1972 www.armedicalboard.org

## REQUEST FOR SCHEDULE II OR BIOLOGIC PRESCRIPTIVE AUTHORITY

Supe	rvising Physician Signature	AR License Number	Date	
	I am requesting that the below nammedication. ** If Biologic authority regarding the request for Biologic authority.	is requested, the PA Advisory Comm	nittee will need a lette	
	Hydrocodone Combination products r 2014 and in accordance with Act 529		•	