VA DEA Cards

Please Print and Sign Your Name

Name (print): _____

Name (signature): _____

Service: _____

DEA Suffix Number: VA000 (Resident/Physician retain the number for VA Rx)

DEA Personal: _____

Sample Card

Name (print): Jane Doe

Name (signature): *Jane Doe*

Service: Internal Medicine

DEA Suffix Number: VA000 (Resident/Physician retain the number for VA Rx)

DEA Personal: _____