



Auditor ID form

Pharmacy name: _____

Pharmacy address: _____

Date: _____ Time entered: _____

Auditor's business card attached below: Y N

Auditor's driver's license copied below: Y N

Auditor identity confirmation obtained from HHSC: Y N

Reason for audit:

Auditor's printed name: _____

Auditor's signature: _____

Attach auditor's business card here		Copy auditor's driver's license here
-------------------------------------	--	--------------------------------------