

Medical Representative Authorization Form

This **medical representative authorization form** is designed for hospitals to officially permit medical representatives access for product presentations and discussions. It ensures compliance with hospital policies while facilitating smooth communication between healthcare providers and pharmaceutical sales professionals. Hospitals can customize this form to streamline approval processes and maintain accurate records of authorized personnel.

Representative Details

Name of Medical Representative:

Company/Organization:

Contact Number:

Email Address:

Official ID Number:

Visit Details

Purpose of Visit:

Products to Present/Discuss:

Requested Date(s) of Visit:

Departments/Units to Visit:

Accompanying Persons (if any):

Hospital Authorization

Authorized By (Full Name & Title)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Representative Declaration

I, the undersigned, confirm that I will comply with all hospital policies and procedures during my visit, maintain patient confidentiality, and act in a professional manner at all times.

Signature of Medical Representative:

Date:

Submit Authorization

Note: This is a sample template. Hospitals should update fields as per internal protocols and legal requirements.