



Enrollment Form

310 Integrity Dr. #101, Madison, WI 53717 | 9185 E Pima Center Pkwy. #200, Scottsdale, AZ 85258 | p (855) 847-3553 | f (855) 847-3558

SHIP TO Patient Clinic Other

DATE

DATE NEEDED BY

PATIENT INFORMATION

		Male	Female
Patient Name		Date of Birth (mm/dd/yyyy)	
Address	City	State	ZIP
Email		Language	
		Cell	Home
Preferred Phone		Work	Cell
		Home	Work
Emergency Contact		Phone	Relation to Patient

PRESCRIBER INFORMATION

Prescriber Name		Specialty	
DEA	NPI		
Facility Name			
Address	City	State	ZIP
Phone	Fax	Office Contact	Office Phone

INSURANCE INFORMATION Please fax FRONT and BACK copy of all insurance cards (prescription and medical)

CLINICAL INFORMATION Please fax a list of current medications and OTCs for patient as well as any relevant lab info

PRESCRIPTION INFORMATION

Medication BRAND [®] ™ (Generic)	Dose/Strength	Directions	Quantity	Refills

NOTES

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Prescriber Signature

PRODUCT SUBSTITUTION PERMITTED

Date

Dispense as Written