



The Next Generation
of Healthcare.

Provider Forms

Wholesale Pharmacy

NEW ACCOUNT SETUP FORM

Sales Rep Name: _____ Date: _____

Practice Name: _____

Practice Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Programs

Specialty Pharmacy Products 503B Injections & Creams Medical Supplies

Rapid Diagnostic Testing Other: _____

Number of Providers: _____ Multiple Locations: Yes No Number of Locations: _____

Practitioner Name: _____

State License Number: _____ DEA License Number: _____

Billing Information

Full Name: _____ Title: _____

Email Address: _____ Phone: _____

Billing Street Address: _____ Check if same address as above

City: _____ State: _____ Zip: _____ Phone: _____

Billing Method: Credit Card Net 30 Terms*
*Must be approved by management prior

Please Attach the Following Items:

State Licenses DEA Licenses Other Forms (503B) Credit Card Auth Form W-9

Additional Notes (OPTIONAL)

Get Started Today!

Connect with your local DocRx sales rep for a **FREE** consultation & assessment.



877.362.7991



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