

PLEASE COMPLETE AND SEND VIA FAX: 1-877-909-7750 OR EMAIL: info@qcrxusa.com

⚠ ALL FIELDS MANDATORY TO COMPLETE NEW CLIENT SETUP

PRACTICE NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

CONTACT PERSON _____
FIRST NAME LAST NAME

AGREEMENTS/DISCLOSURES

- In accordance with 503A guidelines, all prescribed medication must be patient specific
- Payment for Compounded Medications is due at the time order
- Client is responsible to assure that Compounded Medications are medically necessary for each individual patient.
- Client represents and warrants that neither it nor its employees and agents have been convicted of a crime related to healthcare and are currently suspended from participation in or subjected to any type of criminal or civil sanction, fine, debarment, exclusion or any other penalty.

ORDERING CLINICIAN(S)

NAME _____ NPI # _____ SIGNATURE _____

NAME _____ NPI # _____ SIGNATURE _____

NAME _____ NPI # _____ SIGNATURE _____

NAME _____ NPI # _____ SIGNATURE _____

INTERNAL USE ONLY

SALES REP _____

CLIENT ID # _____

PREFERRED DELIVERY
 CLINIC PATIENT

LOCATION _____