Prescriber Registration Form

Legal Name of Business: _____   Name of Practice: _____

Type of Practice (primary care, dental, dermatology, podiatry, etc): _____

Mailing Address:

Street	City	State	Zip

Shipping Address:
(if different)

Street	City	State	Zip

Phone: _____   Fax: _____   Email: _____

Your Care Team

Prescriber's Name	NPI Number	DEA Number	Email
Prescriber's Name	NPI Number	DEA Number	Email
Prescriber's Name	NPI Number	DEA Number	Email
Prescriber's Name	NPI Number	DEA Number	Email

Office Contact/Office Manager: _____   Email: _____

How did you hear about CareFirst Specialty Pharmacy?

○ Referral   ○ Website   ○ Mailer   ○ Sales Team   ○ Other _____

Compounded products you are interested in: _____

At CareFirst, we value our relationship with prescribers and would like to know if you have any additional non-sterile products that you would like us to compound for your prescribing needs:

_____

Other Comments: _____

Shipping Terms: Please call us or visit our website for up to date shipping information and promotions. Orders placed after 4pm EST will be processed the next business day. Compounded medications may require additional processing time.

Returns: At CareFirst we value your business and do what we can to keep our patients and prescribers satisfied. We will return products received in error or damaged in shipping. Please notify us within 10 days of receiving the shipment. All medications returned to CareFirst Specialty pharmacy must be authorized prior to returned shipment. All unauthorized returns will be discarded and the product will not be credited. Under certain circumstances we will not be able to accept returns due to rules and regulations including but not limited to: Control substances, Hazardous materials, sold on a non-returnable basis, expired product, products damaged, soiled or adulterated, refrigerated or frozen products.

Thank you for choosing CareFirst Specialty Pharmacy

Please Fax completed form to (844)922-7379 or e-mail to info@cfspharmacy.com