



Clinic Information Update Form

Have you changed your clinic email address, mailing address or fax number lately? Have you had any personnel changes? Have your hours or preferred delivery days changed? We like to stay up to date on how to properly contact you so that both of us are in compliance with HIPPA privacy laws. Please let us know so that we may send communications through the proper channel and protect your patients' privacy. Please complete this form as soon as possible and fax it to 888.298.2220. (Please print legibly)

Clinic Name: _____

Provider(s)

NAME _____ EMAIL _____ DEA# _____ NPI# _____

NAME _____ EMAIL _____ DEA# _____ NPI# _____

NAME _____ EMAIL _____ DEA# _____ NPI# _____

NAME _____ EMAIL _____ DEA# _____ NPI# _____

Clinic Address(es):

LOCATION NAME _____ LOCATION NAME _____ LOCATION NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE _____ PHONE _____ PHONE _____

FAX _____ FAX _____ FAX _____

BACKLINE _____ BACKLINE _____ BACKLINE _____

EMERGENCY CONTACT _____ EMERGENCY CONTACT _____ EMERGENCY CONTACT _____

EMERGENCY PHONE _____ EMERGENCY PHONE _____ EMERGENCY PHONE _____

Clinic Contact(s) (Please check the box if you would like to receive):

NAME _____ EMAIL _____ ORDER CONFIRMATION ORDER FORMS PORTAL LOGIN

NAME _____ EMAIL _____ ORDER CONFIRMATION ORDER FORMS PORTAL LOGIN

NAME _____ EMAIL _____ ORDER CONFIRMATION ORDER FORMS PORTAL LOGIN

NAME _____ EMAIL _____ ORDER CONFIRMATION ORDER FORMS PORTAL LOGIN

Business Hours, Days Closed: _____

Preferred Delivery Days? Yes No If Yes: _____

Notes: _____

AIS Sales Rep: _____

Phone Number: _____ Email: _____