



Physician Profile Form

(Please print legibly)

Clinic Name: _____

Provider(s)

Table with 4 columns: NAME, EMAIL, DEA#, NPI#. Contains 4 rows of provider information.

Clinic Address(es):

Table with 3 columns for location information. Each column contains fields for LOCATION NAME, ADDRESS, CITY, STATE, ZIP, PHONE, FAX, BACKLINE, EMERGENCY CONTACT, and EMERGENCY PHONE.

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

Table with 3 columns: NAME, EMAIL, and checkboxes for ORDER CONFIRMATION, ORDER FORMS, and PORTAL LOGIN. Contains 4 rows of contact information.

Business Hours, Days Closed: _____

Preferred Delivery Days? [] Yes [] No If Yes: _____

Notes: _____

AIS Sales Rep: _____

Phone Number: _____ Email: _____