NEW ACCOUNT CHECKLIST:

- ☐ New Account Application
- ☐ Government Issued ID
- ☐ Copy of Federal DEA License
- ☐ Copy of State Medical License
- ☐ Credit Card Authorization Form

New Account Application

Name: _____
LAST FIRST TITLE

Practice Name: _____

Office Address: _____
STREET SUITE #

_____
CITY STATE ZIP CODE

Phone:_____ Fax: _____

Website:_____ Email:_____

How long have you been at this location?:_____

Days & Hours of Operation:_____

DEA License:_____ DEA Expiration:_____

State License:_____ State License Expiration:_____

(PLEASE PROVIDE COPIES OF DEA & STATE LICENSES. FAX TO: 1-877-267-3409)

Estimated number of patients using testosterone pellets? _____

How many testosterone pellets are implanted in an average day? Females: Avg/Day:_____ Avg Dose:_____

Males: Avg/Day:_____ Avg Dose:_____

How do you find new patients?

☐ Word of Mouth ☐ Advertising ☐ Referrals ☐ Other (please specify):_____

How did you hear about us?

☐ Referral ☐ Website ☐ Google Search ☐ Power2Practice Ad ☐ Mailing/Postcard ☐ Sales Rep:_____

☐ Conference (please specify):_____ ☐ Other (please specify):_____

DEA requirements for distribution of controlled substances.

DEA registrant address & company name must match office address.

How often do you plan on ordering pellets?

☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Quarterly ☐ As Needed

List Authorized Agents of DEA License Holder:_____

_____

Provider Signature:_____ Date:_____

DEA LICENSE HOLDER

It is the responsibility of the DEA license holder to notify BSO of ANY changes to his/her license information including: renewal, change of address, abandonment or authorized personnel.

Internal Use – Scan this document and attach to practitioner record. Form 23-13