



CARIE BOYD'S
PRESCRIPTION SHOP

Revitalizing Wellness

Prescriber Enrollment Form

Prescriber Information

First Name:	MI:	Last Name:	NPI:
DEA:	Prescriber State License(s)*:	Credentials: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> _____	
Practice Name:			
Practice Address:			
City:	State:	Zip:	Phone:
Fax:	Email:		

***Please submit a physical copy of your state and DEA license(s) with this enrollment form.**

Office Contact

Name:	Email:
Position in prescriber's office:	Office Contact Signature:

Credit Card Information

As the individual card holder, I hereby authorize this card to be used to process payment for our orders.

Name as it appears on the card:				
Type of Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
Credit Card Number:	Expiration Date:	Security Code:		
Credit Card Billing Address:				
City:	State:	Zip:	Cardholder Phone:	

Cardholder Signature:	Date:
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Prescriber & Pharmacy Agreement

By signing this enrollment form, "The Office" (listed above) agrees:

- All compounded preparations provided by "the pharmacy" may only be administered to the patient and may not be dispensed to the patient or sold to any other person or entity
- To include on a patient's chart, medication order or medication administration record the lot number and expiration date of the compounded preparation administered to the patient
- To inform patients to contact them directly in order to report any adverse reaction and/or complaint. That information will then be relayed to "the pharmacy" by "the office"
- Acknowledges and represents that all information listed above is true
- Acknowledges and represents that The Office is legally able to order and solicit the services of The Pharmacy
- To only use medication for patients with a medical need for compounded alternatives

By signing this enrollment form, Carie Boyd's Prescription Shop ("The Pharmacy") agrees:

- To follow all safety standards of practice in regards to sterile products including USP 797 and cGMP compliance. Safety standards of practice include ensuring the final product is sterile and free of endotoxins, as well as within an acceptable range of potency. These tests are completed by a contracted analytical laboratory and are available for review, only upon request.
- To assign a lot number and expiration date to every compounded preparation. A recall process will be implemented for any compounded preparation suspect to contamination and/or causative of adverse reactions. The identified lot number will be reported to the pharmacy by the office. Depending on the severity of the recall, all offices/patients receiving the affected preparation may be contacted by the pharmacy to inform them of the recall.

Prescriber Signature:	Date:
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Pharmacy Representative:	Date:
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Please fax this signed and completed form to (800) 883-4791 or email to orders@carieboyd.com