

New Medical Practice Form

Fax Completed Form To 844-289-2044

Please Print Legibly



Name of Practice: _____

Physical Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ FAX: _____

Days and Hours of Operation: Mon _____ Tues _____ Wed _____ Thur _____ Fri _____

Days or Times Packages Cannot Be Received: _____

Primary Contact: _____ Primary Contact Email: _____

Shipping Contact: _____ Shipping Contact Email: _____

Billing Contact: _____ Billing Contact Email: _____

Prescriber's Information

Name: _____ NPI # _____ DEA # _____

Name: _____ NPI # _____ DEA # _____

Name: _____ NPI # _____ DEA # _____

Name: _____ NPI # _____ DEA # _____

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Name: _____ NPI # _____ DEA # _____



2624 Piedmont Rd., NE Ste #56-545

Atlanta, Georgia 30324

Fax: (800)289-2044

www.dripfusion.com



**INNOVATION
COMPOUNDING**

Custom Medications. Optimal Outcomes.

6095 Pine Mountain Rd., NW Suite 108

Kennesaw, GA 30152

Tel:(800)547-1399 Fax: (800)517-5509

www.innovationcompounding.com



Physician's Agreement for Compounded Preparations

After completing this form, please fax to 888-960-6345

A SEPARATE FORM MUST BE COMPLETED FOR EACH PRESCRIBER

Date: _____

This agreement indicates that Innovation Compounding, located at 6095 Pine Mountain Rd., NW - Suite 108; Kennesaw, GA 30152, hereafter known as "Pharmacy," will provide compounded preparations for administration to patients in the medical office, hereafter known as "Practice," either by the Physician personally or by an authorized person under the Physician's direct and immediate supervision, hereafter known as "Physician" at the address:

Practice Name: _____

Physicians Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Physician Requirements:

- 1.) These compounded preparations may only be administered to the patient for which the medication was prescribed, and may not be sold to any other person or entity. When the compounded preparation is administered, physician agrees to indicate on the patient's medical chart the lot number and beyond-use date (BUD) of the preparation used.
- 2.) Physician is licensed in the same state as Practice.
- 3.) Physician is actively monitoring the care of patients, either through direct patient-care or oversight of appropriately trained personnel.
- 4.) If Physician terminates relationship with Practice, Physician will immediately notify Pharmacy the date of termination.

Pharmacy Requirements:

The compounding of preparations will include the following activities by the Pharmacy: verification of the source of raw materials to be used; compliance with applicable United States Pharmacopoeia guidelines (including testing requirements), the Health Insurance Portability and Accountability Act of 1996, and all applicable competency and accrediting standards as determined by the Georgia State Board of Pharmacy as well as the Board of Pharmacy in the Practice's state residence. Pharmacy agrees to record the lot numbers of compounded preparation supplied for office-use so that, in the event a recall of the preparation is required, Pharmacy can notify Physician of the recall and can facilitate contacting any patients who received the product. In such an event, Pharmacy's existing protocols for notifying patients, quarantine of the product (if applicable), and/or recall will be followed.

Any adverse reactions or complaints may be submitted by the patient to either Pharmacy or Physician; in the event a report is made, the entity receiving the report will forward a copy to the other entity. If patient harm is suspected or confirmed to be due to a preparation compounded by Pharmacy, Pharmacy will notify the Georgia State Board of Pharmacy, the Board of Pharmacy where the patient resides, and the FDA.

AGREED UPON BY:

Physicians Name: _____

NPI#: _____

DEA#: _____

State License#: _____

Physician Signature: _____

For Pharmacy: SHAWN HODGES, PHARM.D

Signature:  _____