



New Account Information

Fax or email this completed form, along with a copy of your facility's DEA & State medical licenses, to PracticeMD at:

Fax: 318.841.4344

Email: info@PracticeMD.biz

If you have any questions please contact customer service at 800.259.4126 x104.

Shipping Information

Practice Name

Physician Name

Purchasing Contact *(person who will be placing orders)*

Office / Practice Manager

Street Address *(We are not allowed to ship to P.O. Boxes)*

City, State, Zip Code

Telephone

Fax #

Email *(Physician)*

DEA License #

Expiration Date

State Medical License #

Expiration Date

Billing Information

Company Name

Account Manager *(Billing Contact)*

Billing Address *(if different from Shipping Address)*

City, State, Zip Code

Telephone

Fax #

Email *(Account Manager)*

PracticeMD, Inc.

242 Lynbrook Boulevard
Shreveport, Louisiana 71106

P.O. Box 6657
Shreveport, Louisiana 71136-6657

Email: info@PracticeMD.biz
318.869.4555 (office) / 318.841.4344 (fax)

Submitted through Fifth Avenue Companies of Oklahoma