

Practitioner Profile Request

Date:

Sales Rep:

Phone:

E-Mail:

Practice /
Clinic Name:

Physician
Name:

Office /
Practice Manager:

Specialty(s):

of Physicians:

Monthly # of
Scripts / Physician:

Monthly # of
Scripts / Clinic:

% Patients
(Workers' Compensation):

% Patients
(Medicare / Medicaid):

% Generic
Prescriptions:

Dispensing License / #

DEA License / #:

EMR /
Billing Provider:

Currently Yes
Dispensing: No

Dispensing Company
or Vendor:

Street / Mailing Address:

City, State, Zip Code:

Phone / Fax:

E-mail:

Notes:

Submitted through Fifth Avenue Companies of Oklahoma

PracticeMD, Inc.

242 Lynbrook Boulevard
Shreveport, Louisiana 71106

E-mail: info@PracticeMD.biz
318.869.4555 x 104 (office) / 318.841.4344 (fax)

Practitioner Profile Request

Date:

Sales Rep: Phone: E-Mail:

Practice Name:

Physician Name:

List of Common Prescription(s)	Strength	Quantity	# Rx / Week
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

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