



669 W 900 N | North Salt Lake, UT 84054

**PHARMACY**

Toll Free: 888.222.2956

Fax: 866.373.2979

**TESTING SERVICE**

Toll Free: 888.222.2967

Fax: 801.294.1381

**MedQuest New Prescriber Registration**

Physician Name: \_\_\_\_\_

DEA: \_\_\_\_\_

Address: \_\_\_\_\_

License: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MD Credentials:

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

DO  MD  ND  NP  PA  Other

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Specialty: \_\_\_\_\_

Office contact: \_\_\_\_\_

Cash Based  Insurance Based

Currently Practicing BHRT?  Yes  No

How did you hear about us? \_\_\_\_\_

Expect to begin practicing BHRT?  Yes  No Time to start? \_\_\_\_\_

**Pharmacy Preferences:**

Account set up, eMedPlus  Yes  No

Custom Prescription Pads  Yes  No

Starter Kit  Yes  No

Marketing Kit  Yes  No

**Laboratory Testing Preferences:**

Lab account set up

How would you like to receive your lab results?  Fax  Email

Draw Kits  Have in office  Send to patient

If you opted to set up an eMedPlus account, provide signature for eprescribing

Note: Leave space around your signature.

**In order to serve you better, please let us know the following (optional):**

Are your plans to transition to BHRT exclusively or incorporate BHRT into your existing practice?

What are the biggest challenges or roadblocks you see in moving forward with your plans?

In choosing a compounding pharmacy, what are the top 3-5 offerings/services/elements they must offer in order to win your loyalty?

Beyond the aforementioned imperatives, what would the ideal, perfect compounding pharmacy offer you?

What do you need help with to be successful with BHRT?

Do you have a best practice you would like to share with other health care professionals?

Would you like to refer any colleagues to MedQuest Pharmacy?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_