

# PRESCRIBER ENROLLMENT FORM



**CARIE BOYD'S**  
PRESCRIPTION SHOP  
8400 Esters Blvd Ste 190  
Irving Texas 75063  
(817) 282-9376  
Hours: M-F 9AM-6PM CST

PLEASE COMPLETE ENTIRE FORM AND ATTACH A PHYSICAL COPY OF  
YOUR STATE AND DEA LICENSE(S).

Fax to: (800) 883-4791 | Email to: orders@carieboyd.com

PRESCRIBER INFORMATION			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
STATE LICENSE(S)	CREDENTIALS <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DMD <input type="checkbox"/> DDS <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> DVM <input type="checkbox"/> OTHER: _____		
NPI	DEA		
PRACTICE NAME			
HOURS OF OPERATION			
ADDRESS			
CITY		STATE	ZIP CODE
PHONE	FAX	EMAIL	
SPECIAL SHIPPING INSTRUCTIONS			
OFFICE CONTACT			
NAME		POSITION IN OFFICE	
PHONE + EXTENSION		EMAIL	
PAYMENT INFORMATION			
PLEASE CHOOSE ONE OF THE FOLLOWING METHODS OF PAYMENT CHARGE ACCOUNT <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>			
FOR CREDIT CARD: NAME AS IT APPEARS ON CARD			
TYPE	NUMBER	EXPIRATION	SECURITY CODE
BILLING ADDRESS			
CARDHOLDER SIGNATURE <small>UNSIGNED FORMS WILL NOT BE PROCESSED</small>		DATE	
As the cardholder, by signing above I hereby authorize Carie Boyd's Prescription Shop to use the card listed above to process payment for any and all of the orders made by the prescriber listed above.			
PRESCRIBER & OUTSOURCING FACILITY AGREEMENT			
By signing this enrollment form, the prescriber listed above acknowledges and agrees that:			
<ul style="list-style-type: none"><li>• He/She has the requisite licensing and other certifications necessary to order compounded products from Carie Boyd's Prescription Shop (the "Outsourcing Facility") in accordance with all applicable laws;</li><li>• All of the compounded products he/she may purchase from the Outsourcing Facility are clinically different from those that are commercially available;</li><li>• When he/she purchases compounded products from the Outsourcing Facility, he/she will have made a determination that those products, rather than any commercially available products, are necessary for his/her patient(s) based on his/her clinical judgment as a medical professional;</li><li>• He/She will advise patients to contact him/her directly in the event that they experience any adverse reaction to any of the Outsourcing Facility's compounded products;</li><li>• He/She will immediately advise the Outsourcing Facility in the event that any patient experiences any adverse reaction to any of the Outsourcing Facility's compounded products; and</li><li>• With respect to any patient that receives or is prescribed any of the Outsourcing Facility's compounded products, he/she will include on each of those patients' charts, medication orders, or medication administration records the lot numbers and expiration dates of the compounded products.</li><li>• An electronic, photocopied, or other copy of a signature will be a valid signature for all purposes and may be submitted to the Outsourcing Facility by electronic mail or other similar transition methods.</li><li>• If any invoice is not paid in full when due, he/she will accrue late charges at the rate of 18% per annum or the maximum rate permitted under applicable law, whichever is less.</li><li>• All past due invoices may be sent to a third-party collections company and all expenses associated with those collection efforts, as well as any other collection efforts the Outsourcing Facility may choose to engage in, will be his/her responsibility.</li><li>• If any legal action is taken in connection with the Outsourcing Facility providing services or compounded products to him/her, or with respect to anything else related to this enrollment form, the jurisdiction will be the State of Texas and the venue will be Dallas County, Texas, and he/she will reimburse the Outsourcing Facility for any attorney fees, court costs, travel costs, expert witness costs, or other costs it may incur in connection therewith.</li></ul>			
PRESCRIBER SIGNATURE <small>UNSIGNED FORMS WILL NOT BE PROCESSED</small>		DATE	