PRESCRIBER ENROLLMENT FORM

PLEASE COMPLETE ENTIRE FORM AND ATTACH A PHYSICAL COPY OF YOUR STATE AND DEA LISCENSE(S).
Fax to: (800) 883-4791 | Email to: orders@carieboyd.com

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

PRESCRIBER INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
STATE LICENSE(S)	CREDENTIALS ☐MD ☐DO ☐DMD ☐DDS ☐PA ☐NP ☐DVM ☐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 ☐ CREDIT CARD ☐

FOR CREDIT CARD:
NAME AS IT APPEARS ON CARD

TYPE	NUMBER	EXPIRATION	SECURITY CODE
BILLING ADDRESS			

CARDHOLDER SIGNATURE *UNSIGNED FORMS WILL NOT BE PROCESSED*	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:

- 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;
- All of the compounded products he/she may purchase from the Outsourcing Facility are clinically different from those that are commercially available;
- 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;
- 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;
- 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
- 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.
- 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.
- 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.
- 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.
- 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.

PRESCRIBER SIGNATURE *UNSIGNED FORMS WILL NOT BE PROCESSED*	DATE