

- Checklist:**  New Account Application  Government Issued Photo ID  Copy of Federal DEA License  
 Copy of State Medical License  Credit Card Authorization Form  Essential Copies Attestation Form

Practitioner's Name \_\_\_\_\_

Practitioner's Facility \_\_\_\_\_

Office Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Practice Email \_\_\_\_\_

How long have you been at this location? \_\_\_\_\_ Days & Hours of Operation \_\_\_\_\_

DEA License \_\_\_\_\_ DEA Expiration \_\_\_\_\_

State License \_\_\_\_\_ State License Expiration \_\_\_\_\_

**(Please provide copies of DEA & State Licenses. Fax to: 1-877-267-3409)**

**Estimated number of patients using testosterone pellets?** (Even if your practice is just starting out, an estimate is still required.)

\_\_\_\_\_

**How many testosterone pellets are implanted in an average day?**

Females: Avg./Day \_\_\_\_\_ Avg./Dose \_\_\_\_\_ Males: Avg./Day \_\_\_\_\_ Avg./Dose \_\_\_\_\_

**How do you find new patients?**

Word of mouth  Advertising  Referrals  Other (please specify) \_\_\_\_\_

**How often do you plan on ordering pellets?**  Weekly  Bi-Weekly  Monthly  Quarterly  As Needed

**How did you hear about us?**  Referral: \_\_\_\_\_  Web Search  Google Ad  Sales Rep: \_\_\_\_\_

Conference (Please Specify): \_\_\_\_\_  Other (Please Specify): \_\_\_\_\_

List Authorized Agents of DEA License Holder:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

DEA License Holder

**It is the responsibility of the DEA license holder to notify BSO of ANY changes to his/her license information including: renewal, change of address, abandonment, or authorized personnel.**

Internal Use - Scan this document and attach to practitioner record.