



PROVIDER LAUNCH SHEET

ALL FIELDS NEED TO BE COMPLETE TO LAUNCH PRESCRIBER
HANDWRITTEN SUBMISSIONS WILL NOT BE ACCEPTED

PROVIDER INFORMATION

Full Name		Title:
Cell Phone		
Email		
NPI Number		
DEA Number		
Specialty		
Expected Rx Per Month		

Please submit a separate Launch Sheet for each MD Prescriber. Mid-Level Providers can be added on the next page.

PRIMARY OFFICE CONTACT

Full Name	
Cell Phone	
Email	

PRACTICE INFORMATION

Practice Name	
Address	
City, State, Zip	
Phone	
Fax	
Prescription Type	<input type="checkbox"/> Workers' Comp <input type="checkbox"/> Personal Injury <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare

INTERNAL USE ONLY

Distributor	
Regional Sales Manager	
Date Submitted	
Member Type	<input type="checkbox"/> Non- Member <input type="checkbox"/> Member (Member Type: _____)
Send Launch Kit To	<input type="checkbox"/> Provider <input type="checkbox"/> Distributor
Pharmacy	

Please email completed form to: eric@products4doctors.com

ADDITIONAL MID-LEVELS IN THE PRACTICE

Full Name	
Phone	
Email	
NPI Number	
DEA Number	

Full Name	
Phone	
Email	
NPI Number	
DEA Number	

Full Name	
Phone	
Email	
NPI Number	
DEA Number	

Full Name	
Phone	
Email	
NPI Number	
DEA Number	

Full Name	
Phone	
Email	
NPI Number	
DEA Number	

Full Name	
Phone	
Email	
NPI Number	
DEA Number	