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PHARMACY
Toll Free: 888.222.2956
Fax: 866.373.2979

TESTING SERVICE
Toll Free: 888.556.5567
Fax: 888.292.6102

MedQuest New Prescriber Registration

Provider Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Business Email: _____

Website: _____

Business Contact Name: _____ Email: _____

Currently Practicing BHRT? Yes No

Expect to begin practicing BHRT? Yes No Time to start? _____

Credentials:

DO MD ND NP PA Other

DEA: _____ exp: _____

License: _____ exp: _____

NPI: _____

Licensed in multiple states? Yes No

Specialty: _____

Pharmacy Preferences:

Starter Kit Yes No

Marketing Kit Yes No

How did you hear about us? _____

Laboratory Testing Preferences:

Are you interested in setting up a lab account with us?

Yes No

Interested in e-prescribing controlled substances with MedQuest: Yes No

Name: _____ D.O.B. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Personal Email: _____

Driver's License #: _____

Driver's License Expiration Date: _____ State Issued: _____

Please Sign Below to Capture Signature for e-Prescribing: