



Clinic Name:  
DEA Number:

## Point of Contact

This list will act as a reference for our team throughout the process of serving you if we need to request additional information or provide you with information.

### Primary Contact

First Name:  
Last Name:  
Title:  
Email Address:  
Phone Number:

### Primary Packing Slip

First Name:  
Last Name:  
Title:  
Email Address:  
Phone Number:

If you would prefer for this person to be the point of contact for all areas, please check here.

Yes      No

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### Billing Information

First Name:  
Last Name:  
Title:  
Email Address:  
Phone Number:

### Ordering Information

First Name:  
Last Name:  
Title:  
Email Address:  
Phone Number:

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### Additional Packing Slip Emails

Email address:  
Email Address:  
Email Address:  
Email Address:

***\*REQUIRED\**** Providing an email address for the packing slips is a requirement to stay compliant with The Drug Quality and Security Act (DQSA).

