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Ann Arbor, Michigan 48103
734-821-8000 phone
734-821-8001 fax
Email: info@pharmacysolutionsonline.com

Physician Application

Physician Name (print): _____

Clinic Name: _____

Clinic Address: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

License#: _____ DEA#: _____

***Please fax or mail a copy of your DEA and Medical License with this application.**

Please Answer ALL Questions Below

1) Do you prefer to be contacted through email or telephone? EMAIL PHONE

2) Do you currently practice Bio-Identical Hormone Replacement Therapy? YES NO

3) Are you ready to receive patient referrals for Bio-Identical Hormones? YES NO

4) How did you hear about Pharmacy Solutions _____

5) Do you currently use/prescribe compounded medications? YES NO

Please list medications:

7) Please describe your current practice:

Physician's Signature

Date _____

Send or Fax All Materials To:

Pharmacy Solutions

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