

# CLINIC INFORMATION SHEET



**\*PLEASE COMPLETE AND FAX TO 614-752-0151\***

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## CLINIC INFORMATION

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CLINIC FAX NUMBER
CLINIC CONTACT

## RN, LPN, MA/Technician information (PLEASE PRINT)

FULL NAME and TITLE

## Prescriber information

FULL NAME (PRINTED) and TITLE	DEA #	NPI #	SIGNATURE