



New Customer Questionnaire

LICENSE VERIFICATION DEPARTMENT

PHONE: (800) 351-4530

FAX: (325) 677-1372

Customer Service Rep: _____

Name _____

Practice _____

Date: _____

Address 1 _____

Account: _____

Address 2 _____

City _____ State _____ Zip _____ Email: _____ Fax: _____

Dear Doctor,

As a distributor of controlled substances, we have a regulatory responsibility to have information regarding your practice on file before we can supply your office with controlled drug items. Please take a few minutes to fill out the questionnaire below and fax to 325-677-1372.

Please describe your practice type: Large Group Solo practice Other (list) _____

1. Licensed specialty? _____ Current practice specialty? _____

2. Is the above listed address your office address or home address? _____

3. Do you order controlled substances for multiple locations? Yes _____ No _____ (If yes, please provide a list of locations)

4. Business phone number: Land line () _____ Other phone number () _____

5. Website (if any): _____

6. Number of Practitioners in this office? _____ PA's _____ Others (please list) _____

7. Is the practice owned by a licensed physician? Yes _____ No _____ (If no, please provide owners name and occupation)

8. About how many patients does each practitioner see daily? _____ Percent of those patients from out of state? _____%

9. Do you have an onsite dispensary? Yes _____ No _____

10. What percentage of your patients do you dispense controlled substances? _____ Administer? _____

11. Do you accept medical insurance? Yes _____ No _____ % of patients who pay with cash/credit/check? _____%

12. Days /Hours of operation: _____

13. Please list the control substances and estimated amounts per year you intend to order from Banyan:

14. Please indicate the expected frequency of your orders for controlled substances: _____

15. Do you use any of the products you order to self-medicate? Yes _____ No _____

➤ If Yes, please explain: _____

Doctor Name (Print)

DEA Number

State License Number

Doctor Signature

We appreciate your cooperation,

License Verification Department