Welcome to CRE8 Pharmacy.

Our highly experienced staff will be taking care of you shortly and we all look forward to being a part of your success.

At CRE8 Pharmacy we are dedicated to providing the medical community with the highest quality of pharmacy services. In order for us to service your clinic we would need all the appropriate forms filled out and submitted/ faxed/scanned or emailed to the pharmacy at your earliest convenience.

- Client Information Form (filled in & signed)
- Credit Card Authorization Form (filled in & signed)
- Beyond Use Date (filled in & signed)
- Copy of your most recent State License
- Copy of your most recent DEA License

To learn more about our services or our team we encourage you to visit our website at www.cre8pharmacy.com and we look forward to earning your business.

Discover for yourself why some of the leading physicians in the United States trust and use CRE8 Pharmacy for our attention to detail, reliability, service and competitive pricing.

To your Health and Vitality from the entire CRE8 Pharmacy Group.

888.224.5181 toll free
754.529.8353 local
754.529.8294 fax

Client Information Form

CLINIC INFO

CLINIC NAME					
ADDRESS					
CITY					
STATE		ZIPCODE		COUNTRY	
TEL #		FAX #			
EMAIL 1		EMAIL 2			

BILLING INFO

SAME AS ABOVE ☐

ADDRESS					
CITY					
STATE		ZIPCODE		COUNTRY	

PREFERRED METHOD OF SHIPPING

PLEASE SELECT

DOCTOR INFO

DOCTOR		STATE #		DEA #	

ALONG WITH THIS APPLICATION PLEASE FAX A COPY OF YOUR MOST CURRENT: DEA LICENSE & STATE LICENSE

To ensure that all prescriptions received by CRE8 Pharmacy are pursuant to a valid patient/doctor relationship, we require that our prescribing physicians agree that the following elements are satisfied prior to sending us a prescription. For the purposes of state law, many state authorities, with the endorsement of medical societies consider the existence of the following elements as an indication that a legitimate doctor/patient relationship has been established:

1. A physical examination has been performed
2. A medical history has been taken
3. A patient has a medical complaint
4. Some logical connection exists between the medical complaint, the medical history, the physical examination and the drug prescribed.

I agree that all prescriptions sent to CRE8 Pharmacy have met the criteria above. I agree that there is no other agreement, oral, or otherwise that negates this one.

DOCTOR'S SIGNATURE	

CLINIC AUTHORIZED PERSONNEL

NAME		NAME	
TITLE		TITLE	
EXT / CELL #		EXT / CELL #	

Recurring Credit Card Charge Authorization Form

CRE8 PHARMACY

I (we) hereby authorize CRE8 Pharmacy to make recurring charges to my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until CRE8 Pharmacy is notified by me (us) in writing to cancel it in such time as to afford CRE8 Pharmacy and/or Credit Card Company a reasonable opportunity to act on it.

All receipts are sent directly to the cardholder within 24 hours. All records are kept in a secure file electronically password protected and accessible to authorized personnel only.

BILLING INFO

NAME					
BILLING ADDRESS					
CITY					
STATE		ZIPCODE		COUNTRY	

BILLING PREFERENCE

BILL CLINIC		BILL PATIENT		MAY VARY	

CREDIT CARD INFO

VISA		MASTERCARD		AMEX	
NAME ON CARD					
CREDIT CARD #					
EXPIRY DATE	MONTH	YEAR		CVV #	
BILLING ZIPCODE					

DATE	
SIGNATURE FOR REFERENCE	

3700 NW 126th Avenue, Coral Springs, FL 33065
888.224.5181 toll free 754.529.8294 fax

Beyond Use Date Notice

Applicable on all Compounded Sterile Injections

At CRE8 Pharmacy, we adhere to the highest level of quality assurance following the Department of Health Rule 64B16-27.700 as well as the guidelines set forth in USP 797. Our staff is required to be trained in aseptic techniques for compounding sterile products. Proficiency is tested routinely and randomly to ensure competency.

CRE8 Pharmacy, in its constant effort to operate at the highest standard of the industry, will be labeling all multi-dose Injectable vials with the following "B.U.D. 28 days after first use".

The beyond-use date (B.U.D.) for an opened or entered (e.g., needle-punctured) multiple-dose container with antimicrobial preservatives is 28 days" [USP 797]

CRE8 Pharmacy will be providing and formulating vials that will accommodate the 28 Day B.U.D. after initial use.

By signing this form you agree and acknowledge that every vial should be discarded once the 28 Day B.U.D ends and a new vial should be used in order to start a new 28 Day B.U.D. You also agree to explain this to your patients in order to avoid and future confusion.

We are grateful you chose our Pharmacy to provide you with the safest, most efficient products.

If you have any questions, please do not hesitate to contact your Pharmacist or Client Services Liaison.

Toll Free: 1.888.224.5181
Local: 1.754.529.8353

I agree and understand the terms outlined above: (PLEASE SIGN BELOW)

DATE	
PRINT NAME	
SIGNATURE	

ONCE COMPLETED PLEASE FAX TO 754-529-8294 OR EMAIL communications@cre8pharmacy.com
***** ALONG WITH A COPY OF YOUR STATE LICENSE AND DEA LICENSE****