

# TACHC 340*Better* REGISTRATION FORM

NAME OF CENTER: \_\_\_\_\_

PHYSICAL STREET ADDRESS and MAILING ADDRESS (if different): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PHARMACIST OR POINT OF CONTACT'S NAME: \_\_\_\_\_

PHARMACIST OR POINT OF CONTACT'S EMAIL: \_\_\_\_\_

EXECUTIVE DIRECTOR'S NAME: \_\_\_\_\_

EXECUTIVE DIRECTOR'S EMAIL: \_\_\_\_\_

MEDICAL DIRECTOR'S NAME: \_\_\_\_\_

MEDICAL DIRECTOR'S EMAIL: \_\_\_\_\_

HEALTH IDENTIFICATION NUMBER (HIN, if known): \_\_\_\_\_

OFFICE OF PHARMACY AFFAIRS (OPA) IDENTIFICATION NUMBER (if known): \_\_\_\_\_

AVERAGE WHOLESALER MONTHLY DOLLAR VOLUME AT PHARMACY: \_\_\_\_\_

**COMPLETE FOR IN-HOUSE PHARMACY ARRANGEMENT:**

CENTER'S PHARMACY DEA NUMBER (INCLUDE PHYSICIAN'S NAME, if attached): \_\_\_\_\_

STATE BOARD OF PHARMACY'S LICENSE NUMBER: \_\_\_\_\_

**OR**

**COMPLETE FOR CONTRACTING WITH A RETAIL PHARMACY:**

RETAIL PHARMACY'S NAME: \_\_\_\_\_

RETAIL PHARMACY'S ADDRESS: \_\_\_\_\_

RETAIL PHARMACY'S DEA NUMBER: \_\_\_\_\_

RETAIL PHARMACY'S STATE BOARD OF PHARMACY'S LICENSE NUMBER: \_\_\_\_\_

Please complete this registration form for each site who will be ordering pharmaceuticals. If you have any questions, please contact Lynn Ford at the TACHC office at (512) 329-5959. **Return completed registration form(s), DEA license(s) and state license(s) to Lynn Ford via fax at (512) 329-9189 or via email at [lford@tachc.org](mailto:lford@tachc.org).**