

Please fax completed Set-Up Form to: (775) 737-9133

Pharmacy New Account Set-Up Form

Please list pharmacy information below as you want it to appear on our website.
If you have more than one location and/or multiple pharmacists to be trained, please complete page 2.

Pharmacy Name: _____
 Address: _____
 City/State/Zip: _____ Phone: _____

Primary Pharmacist Name _____ NPI# or Birthdate _____ Email Address _____

Primary Drug Wholesaler: _____ Buying Group: _____

How did you hear about Right™? _____

Which pharmacy software systems do you use?

PioneerRx Computer Rx Rx30 QS1 ATEB PrescribeWellness
 Other _____

Website: _____

Would you like help in getting Right™ featured on your website? Yes No

Personalized Medication Review (PMR)®

Are you interested in being certified to conduct a Personalized Medication Review®: Yes No
Once certified, you will be compensated \$50 from MD Labs for each PMR® performed.

Rxight™ Starter Program Elements (details on back) All pricing is subject to change.

Starter Program¹ \$599 Additional PMR® Certification² \$150 + \$250 = \$400 Additional Rxight™ Test and Report³ \$150 3-Packs Rxight™ retail shelf product \$30

\$ _____ Total Cost

Credit Card Information

Name on Card: _____ Circle Type

Card Number: _____ Security Code: _____ Expiration Date: _____
Month/Year

Address (City/State/Zip): _____

Signature _____ Date _____

Your credit card information will be kept on file and charged \$290 for lab fees when specimens are successfully processed (pricing is subject to change).

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¹ Starter Program	² Additional PMR [®] Certification	³ Additional Rxight [™] Test & Report
Includes 3 Rxight [™] retail boxes, swabs, in-store marketing materials, physician outreach kit, staff training program, 1 Rxight [™] Test, PMR [®] and PMR [®] Certification.	\$150 for Rxight [™] test and report paid to MD Labs + \$250 for training and PMR [®] Certification paid to Pharmacogenetics Center of Excellence.	For pharmacy staff (up to 3 per location) \$150, with their PMR [®] being conducted by the PMR [®] Certified pharmacist at their location, with no compensation.

Primary Pharmacy Name: _____

Additional Locations

Pharmacy Name	Address	Phone	Fax

Additional Pharmacists for PMR[®] Certification

Pharmacist Name	Email	NPI # or Birthdate

Additional Rxight[™] Tests (do not include individuals listed above)

Title/Role	Staff Member Name	Email