



REGISTRATION

ePrescription

					PR	RACTI	CE IN	FOR	MAT	ION								
Practice Name																		
Address																		
City					State 2						ZI	ZIP Code:						
Phone					Fax													
	A copy of F	Prescri	iber's Driv	vers Lice				-		TION * need t	o be	e-mail	led to	mogo	@mo	go.coi	т	
Prescriber Fi						Pre	scrib	er Las	st Name									
DEA Registr													Date Birth	-				
Do you wish t	to allow proxies	s to wr	ite prescr	iptions?	**	YE	S			NC	)			NP	I			
					СНО	OSE	PAY	MEN	Т МЕ	THOD								
Payment total \$750 for the 1st Year																		
Bank Account #		Bank ACH Routing #										_						
AMEX/MC/VI SA #		Expiration / V-Code								***	***							
*** The required V-code is the last 3 numbers on the back of MC or Visa. For AMEX it will be a 4- digit number on the front of the card.																		
Name of Ac	count Holder																	
Billing Address							Ci	ity					5	State		Zip		
**** A Dose Spot Practice Administrator is required for Dose Spot's practice								igeme nail.	nt. So	meone ot	ther th	an the p	oractice	e doctor	must p	provide a	a contact r	ame and
Practice Administrator****				Administrator****														
Last, First Name E-mail MOGO ePRESCRIPTION Interface																		
By using the DoseSpot ePrescription interface in the MOGO program, you agree to be bound by the terms of the MOGO end user license agreement and the DoseSpot license agreement. All terms and conditions are governed by the MOGO end user license agreement and the DoseSpot license agreement. The prescribing contracts are services offered in either in one year, two year or three year. All contracts expire without notification or without automatic renewal. Any renewal contact is solely the responsibility of the prescriber. All prices and terms subject to change without notice.																		
* Please note: only one provider/prescriber per contract. Additional prescriber must register individually with a separate contact. ** Proxies are able to write prescriptions but not send them. Once written, these prescriptions must be approved and sent by the licensed prescriber.																		
Prescriber Signature:													Date:					
Fax Complete	Fax Completed Form to (630) 323-6240 OR Email to mogo@mogo.com																	