



**Integrated ePrescription
REGISTRATION APPLICATION**

Fill out form and fax to MOGO (630) 323-6240

PRACTICE INFORMATION

Practice Name			
Address			
City	State	ZIP Code:	
Phone	Fax		

PRESCRIBER INFORMATION *

A copy of Prescriber's Drivers License and DEA License will need to be e-mailed to mogo@mogo.com

Prescriber First Name	Prescriber Last Name		
DEA Registration Number	Date of Birth		
Do you wish to allow proxies to write prescriptions? **	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NPI <input type="text"/>

CHOOSE PAYMENT METHOD

Payment total	\$825 (\$75 Registration, \$750 Annual Subscription) per provider		
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 Account Holder			
Billing Address	City	State	Zip

**** A Dose Spot Practice Administrator is required for Dose Spot's practice management. Someone other than the practice doctor must provide a contact name and e-mail.

Practice Administrator**** Last, First Name	Administrator**** E-mail
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MOGO Inc. 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. All payments are non-refundable.

* 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:
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