



Complete Referral and Documentation Software

Physician's referral update form

Section One: Update Practice or Facility Information

Practice/Facility Name: _____

Mailing Address: _____

City, State, Zip: _____ Primary Contact: _____

Phone Number: _____ Fax Number: _____

Section Two: New Authorized Users

(Please list any new or existing users (Full Name) who will be authorized to place orders for the Physicians within the practice. Email address preferred for faster response of Login credentials.)

Name 1: _____ Title: _____ Email: _____

Name 2: _____ Title: _____ Email: _____

Name 3: _____ Title: _____ Email: _____

Section Three: Authorized Users for Removal

(For New Physicians, refer to *Physician's Permission and Signature Form*.)

(Please list any Physicians (Full Name) that are no longer with the practice.)

Name 1: _____ NPI: _____

Name 2: _____ NPI: _____

Name 3: _____ NPI: _____

Please fax or email this form to GoScripts once completed:

Fax: (678) 243-1822 | Email: goscriptsenrollmentform@brightree.com