

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.

☐ All physicians - List all authorized physicians (use page two as needed)

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@brighttree.com](mailto:goscRIPTSenrollmentform@brighttree.com)

Section two continued: New authorized users

Name 4:	_____	Title: _____	Email: _____
Name 5:	_____	Title: _____	Email: _____
Name 6:	_____	Title: _____	Email: _____
Name 7:	_____	Title: _____	Email: _____
Name 8:	_____	Title: _____	Email: _____
Name 9:	_____	Title: _____	Email: _____
Name 10:	_____	Title: _____	Email: _____
Name 11:	_____	Title: _____	Email: _____
Name 12:	_____	Title: _____	Email: _____
Name 13:	_____	Title: _____	Email: _____
Name 14:	_____	Title: _____	Email: _____
Name 15:	_____	Title: _____	Email: _____
Name 16:	_____	Title: _____	Email: _____
Name 17:	_____	Title: _____	Email: _____
Name 18:	_____	Title: _____	Email: _____