



PREDICT AND PROTECT

# Macula Risk<sup>®</sup> Custom Requisition Forms

To Order Customized Requisition forms for your practice please provide the following information as it will appear on the Customized Requisition form.

If you would like to order Customized Requisition forms for more than one practice location please photocopy this sheet and fill out one form per physical practice location.

If you would like to remove an Eye Care Professional from a pre-existing Customized Requisition form please check the Remove box located on the right hand side of the form. You will need to specify which Eye Care Professional you would like to remove.

If you have any questions or concerns in regards to ordering Customized Requisition forms for your clinic please e-mail us or call our customer service line.

Practice Name: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Eye Care Professional Name:	Professional Accreditation MD/OD:	NPI Number:	Add	Remove
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name of Individual Ordering: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

