

Prescriber Registration / Change of Information Form

PLEASE FAX FORM TO: **1.888.326.1002**
PHONE: 1.888.THYROGEN (1.888.497.6436)
www.thyrogen.com

Instructions

- 1) Complete all sections.
- 2) Fax completed form to **1.888.326.1002** to register or to change your information with the ThyrogenONE program.
- 3) Once registered, use the ThyrogenONE Reimbursement Support Form to request an investigation of insurance benefits for your Thyrogen patients.

PLEASE SPECIFY:

- NEW REGISTRATION
 CHANGE OF INFORMATION

Prescriber Information

LAST NAME:

FIRST NAME:

TITLE:

PRACTICE NAME / CLINIC / INSTITUTION:

OFFICE ADDRESS:

CITY / STATE / ZIP:

PHONE: FAX:

EMAIL:

NPI NO:

TAX ID NO:

STATE LICENSE NO:

DEA NO:

BCBS PROVIDER NO (FOR BCBS PATIENTS):

PRESCRIBER SPECIALTY:
 ENDOCRINOLOGY NUCLEAR MEDICINE
 SURGERY OTHER

PRESCRIBER'S SIGNATURE:

Office Contact Information

PRIMARY CONTACT:

PHONE: FAX:

EMAIL:

SECONDARY CONTACT:

PHONE: FAX:

EMAIL:

PREFERRED METHOD OF CONTACT:
 PHONE FAX EMAIL

BEST TIME TO CONTACT:

ADDITIONAL INFORMATION: