



ADVANCED MEDICAL SALES, L.L.C.
 Phone: (866) 512-7252
 Fax: (866) 512-7251



PHYSICIAN / SUPPLIER DATA

Please supply us with the following information for our files to insure everything is handled smoothly and efficiently:

Physician / Physical Therapist Name: _____

Facility Name: _____

Tax ID # or SSN #: _____ **License #:** _____

Phone Number to call with approval/denial: _____

Fax Number that we can reach you at: _____

Email Address: _____

Name of person to ask for if other than yourself: _____

Address that you would like your check mailed to:

Address that you would like your units shipped to: (If different than payment address)

Physician Signature: _____ **Date:** _____

Area of Medicine: _____