

1. Complete, sign, and return the New Customer Set-Up Form and Credit Application Terms & Conditions prior to the first order being shipped.
2. The completed New Customer Set-Up Form can be faxed, mailed, or emailed to:

**Mailing Address: AnazaoHealth Corporation  
5710 Hoover Boulevard  
Tampa, FL 33634-5339**

**Fax: 800.985.4363 (Attn: Customer Service)**

**E-mail: [Customerservice@anazaohealth.com](mailto:Customerservice@anazaohealth.com)**

As a new customer, you will automatically be enrolled in our online ordering system [www.myAnazao.com](http://www.myAnazao.com) for e-commerce access which allows the prescriber or staff to place orders, add and edit patients, view status of orders, check on delivery status, run reports and view organization/physician/staff settings. If you wish to opt out of this enrollment, please check here.

After the requested information is processed, you will receive a welcome package within 3-7 business days.

AnazaoHealth Corporation is authorized to provide nationwide services including the District of Columbia and has successfully developed a national presence by providing its customers with high-quality, innovative solutions that simplify and/or improve patient care. We look forward to building a long-term relationship with your company and thank you for your business. Please contact our Customer Service Department if you have any questions or concerns at 800.995.4363, Option 5.

### Locations & Hours of Operation:

AnazaoHealth Corporation  
503A Compounding Pharmacy  
5710 Hoover Blvd.  
Tampa, FL 33634  
Monday – Friday  
8:00 am – 8:30 pm EST

AnazaoHealth - Las Vegas  
503B FDA-Registered Outsourcing Facility  
7465 W. Sunset Road, Ste.1200  
Las Vegas, NV 89113  
Monday – Friday  
8:00 am – 5:30 pm PST

### Phone: 800.995.4363

Option 1 – Pain Management Pharmacy  
Option 2 – Nuclear Medicine Pharmacy  
Option 3 – Custom Pharmacy

Option 5 – Customer Service  
Option 6 – Accounting

### Fax Orders:

Corporate & Pain Management Pharmacy – 800.985.4363  
Nuclear Medicine Pharmacy – 800.697.5250

Custom Pharmacy – 800.238.8239



503A Patient-Specific  
Pharmacy

FDA-Registered 503B  
Outsourcing Facility



5710 Hoover Boulevard  
Tampa, FL 33634

7465 W. Sunset Road Suite 1200  
Las Vegas, NV 89113



Tampa

P: 800.995.4363  
F: 800.985.4363

Vegas

P: 800.995.4363  
F: 800.238.8239

AnazaoHealth Corporation is HIPAA compliant. All information is kept strictly confidential.

### CUSTOMER INFORMATION

Date \_\_\_\_\_

Name of Business/Practice \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Admin E-mail for myAnazao \_\_\_\_\_

Type of Organization: Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Other \_\_\_\_\_

Date business established \_\_\_\_\_ Estimate annual volume of business \$ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### BILLING INFORMATION (If different from above)

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

A/P Contact \_\_\_\_\_ A/P Email \_\_\_\_\_

A/P Phone \_\_\_\_\_ A/P Fax \_\_\_\_\_

### SHIPPING INFORMATION (Please use another sheet for multiple offices)

Clinic/Hospital or Physician's office \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact \_\_\_\_\_ Dept. \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Special Shipping instructions \_\_\_\_\_

### WELLNESS & PAIN ACCOUNTS

### PHYSICIAN INFORMATION (Required fields)

1) Physician Name \_\_\_\_\_ DEA # \_\_\_\_\_

Medical License # \_\_\_\_\_ NPI # \_\_\_\_\_

2) Physician Name \_\_\_\_\_ DEA # \_\_\_\_\_

Medical License # \_\_\_\_\_ NPI # \_\_\_\_\_

### NUCLEAR MEDICINE ACCOUNTS CENTRAL FILL PHARMACY

RAM License # \_\_\_\_\_

\*\*\*\*\* Note that all medications are compounded pursuant to the physician's prescription. \*\*\*\*\*



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