MTF Request for New ePharmacy NCPDP/NPI Number

Request Date:	

MTF ePharmacy POINT OF CONTACT (POC) INFORMATION

Primary POC First and Last Name:	
Primary POC E-mail Address:	
Primary POC Phone Number:	
Alternate POC First and Last Name:	
Alternate POC E-mail Address:	
Alternate POC Phone Number:	

MTF ePharmacy INFORMATION

CHCS ePharmacy Name:	
PDTS ePharmacy Name:	
ePharmacy Branch of Service:	Air Force Army Navy Other:
Mailing Address:	
Physical Address: (Street Number, Street Name, Bldg Number Required)	
ePharmacy Commercial Phone Number:	
ePharmacy Fax:	
Pharmacy DEA Number:	

* Must provide a copy of the Pharmacy's DEA Certificate and IRS letter with EIN/Tax Identifier number

REQUESTOR INFORMATION (if differs from ePharmacy POC)

Requestor Digital Signature:	
Requestor E-mail Address:	
Requestor Phone Number:	