


Agreement for Verbal Order Clarifications of Prescriptions

Purpose of Agreement

This agreement authorizes the undersigned agent to provide verbal order clarifications of prescriptions sent to the servicing pharmacy on behalf of the undersigned prescriber. These clarifications will be strictly limited to the details provided by the prescriber's facility via the referral form sent to eMediate Infusion Center Professional, LLC.

Agent's Information

- Name of facility: Emediate Infusion Center Professional, LLC
 - Agent's 2nd Identifier: TAX ID: 873945891; NPI:1306507322
 - Agent's Name: Christian Claros, RN, BSN/Owner
Kelly Mcmillin, RN; Helen Knoblock, RN; Nicole Caturay, RN
Genalyn Rodriguez, RN; Doris Bauer, RN;
Edwin Pascual, Prior Authorization Specialist
 - Agent's Facility Address: 501 S Rancho Drive, Ste I62, Las Vegas, NV 89106
 - Agent's Signature:  _____
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Prescriber's Information

- Name of Prescriber: _____
 - Prescriber's 2nd Identifier (e.g., License Number or NPI): _____
 - Prescriber's Facility Name: _____
 - Prescriber's Facility Address: _____
 - Prescriber's Signature (Not an Agent of the Prescriber): _____
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Agreement Terms

- **Start Date of Agreement:** _____
- **Agreement Duration:** This agreement is valid until revoked.
- **Revocation of Agreement:** Either party may terminate this agreement at any time. The terminating party must notify the other party immediately, as well as any pharmacies that were originally made aware of the agreement.