



Pharmacy Participation Network Request Form

Thank you for your interesting joining US Script Pharmacy Network.
Please email or fax this completed form to:

Email: pharmacycontracts@usscript.com
Fax: 1 (866)-912-6293

Please check one:		Chain		Independent	
Pharmacy Name					
Pharmacy NCPDP # or Chain Code					
Pharmacy Address					
City		St		Zip Code	
Contact Person					
Contact Phone					
Contact Fax					
Contact Email					