



**Physician Partner Program Application**

Physician Name (print): \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_ Web: \_\_\_\_\_

License#: \_\_\_\_\_ DEA#: \_\_\_\_\_

**\*Please fax or mail a copy of your DEA and License with this application.**

**Please Answer ALL Questions Below**

1) Do you prefer to be contacted through email or telephone?                      EMAIL                      PHONE

2) Do you currently practice Bio-Identical Hormone Replacement Therapy?                      YES                      NO

3) If yes to above, for how long? \_\_\_\_\_

4) If no to above, when are you planning to begin? \_\_\_\_\_

5) Are you ready to receive patient referrals for Bio-Identical Hormones?                      YES                      NO

6) How did you hear about Medaus Compounding Pharmacy? \_\_\_\_\_



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6) Do you currently use/prescribe compounded medicines? YES      NO

7) If yes to above, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Please describe your current practice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- \$375.00 - Send me the Deluxe Physician Partner Program Package**  
- includes Physician Partner Program Manual, General Medaus Doctor Packet, In-Office Marketing DVD, Medaus Seminar Series DVD's (which were approved for CME's)  
- A \$500.00 value if purchased separately

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_



**Physician Partner Program Agreement**

As a member of the Medaus Physician Partners Program, you will receive a comprehensive manual containing substantial technical information which should permit your practice to expand into the practice area of anti-aging and hormone replacement medicine. Much of the information contained in Medaus' manual (the Manual) may be found in the public arena somewhere, but not in the form or format as being presented. The purpose of this manual is to provide a substantial amount of current topical information necessary to familiarize yourself with this growing area of medicine. Much of the information has been gathered and prepared through the efforts of Medaus and its agents at substantial expense. As such, the content of the Manual, deemed to be proprietary in nature and unique in presentation, is and remains the intellectual work product and property of Medaus.

By accepting participation into Medaus' Physician Partner program, you agree and accept the responsibility that attaches with such participation, including but not limited to protecting information and data provided to you by Medaus for your benefit. You are free to utilize any and all information contained in the Manual to the benefit of you practice and patients. You may share such information contained in the Manual with your staff and patients in any form you choose. You may not give copies of the Manual to other individuals that are not a part of your immediate practice. If you know of another health care professional who may be interested in the Medaus Physician Partners program you should have them contact Medaus directly. Each Manual is individually numbered and recorded as to its issued partner. Should it be discovered that the Manual or copy thereof has been distributed without prior written consent, Medaus may at its option terminate your participation in the program and seek legal remedies for such unauthorized distribution of its Manual.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Medaus PPP Staff Member

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Send or Fax All Materials To:**  
**Medaus Compounding Pharmacy**  
**2637 Valleydale Road, #200, Birmingham, AL 35244**  
**Tel: (800) 526-9183 or (205) 981-2352**  
**Fax: (800) 526-9184 or (205) 981-2767**