

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

As a new customer, you will automatically be enrolled in our online ordering system 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 _____

CUSTOM ACCOUNTS

PHYSICIAN INFORMATION (Please use another sheet for additional physicians)

Physician Name _____ DEA # _____

Physician Name _____ DEA # _____

Physician Name _____ DEA # _____

NUCLEAR MEDICINE ACCOUNTS **CENTRAL FILL PHARMACY**

RAM License # _____

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



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