NEW DOCTOR REQUEST FORM

Please fill out the requested information below account and either email to customerservice@classicoptical.com or fax it to us at 888-522-2022. One of our Customer Service Team members will contact you within the next 24 – 72 business hours.

Date:	
Name of Doctor:	
Name of Practice:	
Address:	
Suite Number *(if applicable)*:	
City, State, Zip Code:	
Phone Number:	
Fax Number:	
Email Address:	
Doctor's individual NPI and Taxonomy Number	
Medicaid ID Number (if applicable):	
Tax Exempt? *(If YES, please provide exempt form)*	**[ ] YES** **[ ] NO**
Accounts Payable Contact Person (name/phone #/email):	
Preferred Method of Payment	**[ ] Check** **[ ] ACH** **[ ] Credit Card** **[ ] AutoPay** – *Call us at 888-522-2020, ext. 1322 for setup*
Name of a Contact Person:	
Doctor's or Office Manager's Signature:	

Classic
OPTICAL LABORATORIES, INC.