MillenniumDirect®

VELCADE® (bortezomib) INJ 3.5MG/10ML (NDC 63020-0049-01)

ADD NEW SHIP TO REQUEST

1. PLEASE COMPLETE THE INFORMATION BELOW ABOUT THE *BILL TO* ACCOUNT:

Account Name	MillenniumDirect Acct No.

Contact Name and Web User ID	Title	Telephone	Fax

2. COMPLETE THE INFORMATION BELOW ABOUT THE *NEW SHIP TO ACCOUNT* YOU WISH TO ADD:

Site Name	Wholesaler/Specialty Distributor Acct #	DEA Number

Ship To Address 1	Ship To Address 2

Ship To City	State	ZIP	Preferred Order Method
			☐ Phone ☐ Fax ☐ EDI ☐ Web

Contact Info-ALL FIELDS ARE REQUIRED	Special Delivery Instructions/Receiving Hours
Name _____ Phone _____ Fax _____	

Line of Business			
	☐ INDIVIDUAL DOCTOR, ONCOLOGY ☐ INDIVIDUAL DOCTOR, NON-ONCOLOGY ☐ HOSPITAL OUTPATIENT CLINIC ☐ RETAIL PHARMACY ☐ DEPARTMENT OF DEFENSE ☐ VETERANS AFFAIRS	☐ INDIAN HEALTH SERVICES ☐ HOME HEALTHCARE ☐ HOSPITAL, ACADEMIC/ RESEARCH ☐ HOSPITAL, NON-ACADEMIC/ RESEARCH ☐ GROUP PRACTICE ☐ GROUP PRACTICE, ONCOLOGY ☐ FEDERAL PRISON	☐ SPECIALTY PHARMACY ☐ PHARMACY BENEFIT MANAGEMENT – MAIL ORDER SERVICE ☐ WHOLESALER/ DISTRIBUTOR ☐ HMO, KAISER ☐ HMO, NON-KAISER ☐ MEDICAL PHARMACY CTR ☐ RESEARCH FACILITY / DRUG MANUFACTURER.

3. PLEASE SIGN BELOW AND FAX TO (877) 878-3479 TOGETHER WITH A CURRENT PHYSICIAN OR PHARMACY LICENSE AND DEA LICENSE FOR THE NEW SHIP-TO SITE. (FOR FEDERAL GOVERNMENT ACCOUNTS, YOU MAY SUBSITUTE A CURRENT DEA LICENSE). IF THE LICENSE ADDRESS OF THE SHIP-TO DOES NOT APPEAR ON THE LICENSE, PLEASE HAVE THE SHIP-TO CUSTOMER COMPLETE THE ATTACHED LETTER OF AFFILIATION.

All orders are shipped UPS Next Day Air for delivery by 10:30 AM local time. Please contact your Customer Service Representative for other delivery options. Please allow 48 hours from the time we receive all required information for this site to be set up.

_____ _____

Signature of Authorized Purchasing Agent Date

Print Name: _____ Title: _____

Ph: 866-VELCADE, Option 5 Fax: 877-878-3479

3101 Gaylord Parkway • Frisco, TX 75034

www.millenniumdirect.net

MillenniumDirect®

3101 Gaylord Parkway, Frisco, TX 75034
Telephone: (866) 835-2233
Fax: (877) 878-3479

Physician License Information:

Name: _____

License No: _____

Address: _____
_____

Entity Name and Address:

Name of Entity: _____

Address: _____
_____

Contact Person: _____
Phone No.: (____)_____

Additional shipping addresses may be listed below.

To: Integrated Commercialization Solutions, Inc. d/b/a Millennium Direct

The undersigned physician certifies that he/she (a) is affiliated with the entity and location identified above and any additional shipping locations listed below, (b) will be responsible in all respects for the receipt and accountability of pharmaceutical products shipped to the entity at such location(s), and (c) will immediately notify Millennium Direct if either of the foregoing statements is no longer true.

This certification and authorization does not apply to shipment of controlled substances.

(Optional) I authorize the following representatives to accept and be responsible for pharmaceuticals delivered to the shipping address(es):
Print Name(s): _____

PHYSICIAN SIGNATURE REQUIRED: (must match name on license)

Signature: _____

Print Name: _____ Date: _____

NOTE: **You MUST submit to Millennium Direct:**

- A copy of a valid license reflecting the license holder's name AND
- Evidence that each shipping address is your medical office (acceptable evidence includes a business card or letterhead that reflects the shipping address).

If the shipping location is a clinic, you must submit a valid license or permit reflecting the name and address of the clinic.

Additional Shipping Addresses (optional):

Shipping Address:

Name of Location: (if different from above) _____

Address: _____
_____

Contact Person: _____
Phone No.: (____)_____

Shipping Address:

Name of Location: (if different from above) _____

Address: _____
_____

Contact Person: _____
Phone No.: (____)_____