



Provider Information Form

The following information will allow a provider to be given a login and prescribing privileges in the prescriber portal used by Pure Pharmacy. Once received, you will be entered into our system and sent a username and temporary password via email listed below. Please call us with any questions.

Practice Name		
Provider First Name	Last Name	
Practice Street Address		
City	State	Zip Code
Phone #	Fax #	Email
State License	DEA #	NPI

Pure Pharmacy LLC

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