

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 <i>(if applicable):</i>	
City, State, Zip Code:	
Phone Number:	
Fax Number:	
Email Address:	
Doctor's individual NPI Number:	
Medicaid ID Number (if any):	
Tax Exempt? <i>(If YES, please provide exempt form)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of a Contact Person:	
Doctor's or Office Manager's Signature:	

