McKesson Specialty Health
401 Mason Road
La Vergne, TN 37086

Customer Center Registration Form

To access the McKesson Specialty Health Customer Center for online pharmaceutical ordering and reporting, please fill out the following registration form and return by fax to **888.637.2473**. A McKesson Specialty Health account representative will be in touch with you shortly to confirm your account.

Practice Information

Primary Account Number			
Affiliated MSH Accounts			
Practice Name			
Address			
City			
State		**ZIP Code**	
Telephone		**Fax**	

Primary Contact *(This user is authorized to add and/or remove users from the online account)*

Name		**Telephone**	
Email			
Authorized Account(s)			
User Privileges	☐ Add ☐ Remove	☐ Order Center - Full Ordering ☐ Order Center - View Only ☐ Financial Tools	

Authorized Users

Name		**Telephone**	
Email			
Authorized Account(s)			
User Privileges	☐ Add ☐ Remove	☐ Order Center - Full Ordering ☐ Order Center - View Only ☐ Financial Tools	

Name		**Telephone**	
Email			
Authorized Account(s)			
User Privileges	☐ Add ☐ Remove	☐ Order Center - Full Ordering ☐ Order Center - View Only ☐ Financial Tools	

Name		**Telephone**	
Email			
Authorized Account(s)			
User Privileges	☐ Add ☐ Remove	☐ Order Center - Full Ordering ☐ Order Center - View Only ☐ Financial Tools	

By signing the below, it is understood that I am authorized to sign this form on behalf of the practice identified above. McKesson Specialty Care Distribution Corporation ("Provider") is hereby authorized to rely on the above information in allowing access to the online account and financial information of the Practice listed above. I understand the portal contains confidential information for use only in the relationship between the Provider and practice. I represent that the information provided herein is true and correct and that I, or the designated Primary Contact, will be responsible for notifying Provider of any additions or deletions of the users that have access to this Website.

Printed Name:____Title:______________________________________

Signature:____Date:______________________________________

Fax this completed form to **888.637.2473**