

**CSRA form 590P**  
**Ohio annual practitioner questionnaire**

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Pursuant to Ohio Administrative Rule 4729:6-3-05 of the Ohio Administrative Code, this questionnaire is to be completed by the authorized veterinary practice representative.

1 Practitioner name (as it appears on the DEA registration) \_\_\_\_\_

2 Practice information (as it appears on the DEA registration):

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

3 Practitioner state veterinary license number \_\_\_\_\_

Practitioner DEA registration # \_\_\_\_\_

Terminal distributor of dangerous drugs license \_\_\_\_\_

4 Facility controlled substance state license (if applicable) \_\_\_\_\_

5 Does the practitioner dispense any medications to patients from the office supply to administer at home? Yes  No

a. If yes, practitioner customers are required to provide a 12-month utilization report (DUR) summary of all controlled substances and/or Gabapentin dispensed or otherwise furnished to any patient per Ohio BOP regulations.

b. If yes, what is the percentage of the following types of legend drug products (based on dosage units) you dispense? Selection(s) should add up to 100%.

Non-Controlled \_\_\_\_\_% of total purchases. Controlled Substances \_\_\_\_\_% of total purchases.

6 What is your ratio of out-of-state patients versus in-state patients?

In-state \_\_\_\_\_% Out-of-state \_\_\_\_\_%

7 Types of payments the practice receives. Total to equal 100%.

Cash \_\_\_\_\_% of revenue Other \_\_\_\_\_% of revenue

Please list other types \_\_\_\_\_

By signing below, Practitioner acknowledges that:

MWI relies on the information provided on this form to help determine whether it will distribute controlled substances to Practitioner. Practitioner agrees to inform MWI of any changes to its business that would impact the accuracy or completeness of the information contained herein.

MWI reserves the right, within its sole discretion, to refuse to ship controlled substances to any customer. Any materially incorrect information on the CSRA Form 590 will be grounds for MWI, at its sole discretion, to immediately cease distribution of any or all controlled substances to Practitioner and/or to terminate MWI's relationship with Practitioner. Practitioner has an effective compliance program and adheres to all requirements imposed upon it for the distribution of controlled substances as promulgated in the CFR and by any applicable federal, state, or local board of Practitioner or other regulatory body.

Practitioner will indemnify and hold harmless MWI, its parent companies, affiliates, subsidiaries, shareholders, officers, directors, employees, agents, and representatives from any and all economic damage that results from Practitioner providing MWI with materially incorrect information on this form or from failing to have in place an effective compliance program.

**Practitioner/Owner/Authorized representative:**

Name (print full name) \_\_\_\_\_

Electronic signature \_\_\_\_\_

(if no electronic signature a printed name will suffice)

Title \_\_\_\_\_

Date \_\_\_\_\_