Medical Office / Doctors Office / Clinic

1. Is your office affiliated with a hospital or hospice facility in Broward County? Y / N
    a. If yes, which one: _____
    b. What is the affiliation? _____
2. Do you dispense medication from your location? Y / N
    a. If yes, Name of dispensing Doctor: _____
    b. State License #: _____
    c. Type: _____
    d. DEA#: _____
3. Is the primary purpose of the business to prescribe or dispense pain medication identified in Schedules II, III and IV of the Florida Statutes 893.03, 893.035, or 893.0355? Y / N
4. Do you advertise or portray yourself to the public as providing pain management services or pain medication? Y / N
5. Are you registered with the State of Florida as a Pain Clinic? Y / N
    a. If yes include a copy of your Stat of Florida license.