



TDS Operating, Inc.  
788 Montgomery Ave, Ocoee, FL 34761  
800-289-7930 (Toll Free)  
[www.Rx30.com](http://www.Rx30.com)

## SureScripts Enrollment Form

Pharmacy Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Rx30 License # \_\_\_\_\_

NABP/NCPDP # \_\_\_\_\_ NPI # \_\_\_\_\_

Email Address \_\_\_\_\_

DEA # (Optional) \_\_\_\_\_ EPCS Yes  or No

Enable Controlled Substance Prescriptions

Authorized Signature: \_\_\_\_\_

By signing the above I hereby certify that I am authorized by pharmacy management/owner to make changes on their behalf.

Authorized Agent's Name: \_\_\_\_\_

Authorized Agent's Title: \_\_\_\_\_