

**Yes, I want an Academic Detailing session in my practice.**

**MY NAME:** \_\_\_\_\_

**PRACTICE INFORMATION**

Practice Name: \_\_\_\_\_

Physician Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street and Number: \_\_\_\_\_ Suite: \_\_\_\_\_

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

Number of prescribers in the practice: \_\_\_\_\_

*(Note: This session is geared to prescribers; however, other clinical staff are also welcome to attend)*

Number of other clinical staff (non-prescribers) in the practice: \_\_\_\_\_

Do you have regularly scheduled provider meetings?  Yes  No

If so, when? Day of the week: \_\_\_\_\_ Time of day: \_\_\_\_\_

Is this a good time for an academic detailing session?  Yes  No

**SCHEDULER INFORMATION:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you prefer we contact you by phone or email?  Phone  Email

If phone, when is the best time to call?

Day of the week: \_\_\_\_\_ Time of day: \_\_\_\_\_

**NOTES/COMMENTS:**