

Safety Net Support Program



New Contact Information

Please return the completed form via email, mail, or fax, to the contact information listed below.

Direct Relief, 27 S. La Patera Lane, Santa Barbara, CA 93117
usaprograms@directrelief.org | 1-877-303-7872 phone | 1-805-823-7201 fax

Main Site

Clinic/Health Center Name*: _____

Contacts

Please provide us with contact information for your primary contact person, CEO/Executive Director, and Medical Director.

Primary Contact - The primary contact will be issued a login, receive notifications of product offers, and place orders on behalf of the entire corporation.

Prefix*: _____ Name*: _____

Job Title*: _____ Phone Number*: _____ Ext: _____

Email Address*: _____

CEO/Executive Director - The director listed here acts as the CEO/Executive Director for your entire corporation.

Prefix*: _____ Name*: _____

Job Title*: _____ Phone Number*: _____ Ext: _____

Email Address*: _____

Medical Director - The contact listed here acts as the Medical Director for your entire corporation. The Medical Director assumes responsibility for the appropriate storage and dispensing of all donated prescription medications and products to only uninsured and low income patients.

Prefix*: _____ Name*: _____

Job Title*: _____ Phone Number*: _____ Ext: _____

Email Address*: _____

State Medical License Number*: _____ Expiration Date*: _____

DEA License Number: _____ Expiration Date: _____

Note: * indicates a required field.