



**PTC9000 MEDICATION  
MANAGEMENT SYSTEM  
REQUEST FOR PROPOSAL**

NAME OF PRACTICE: \_\_\_\_\_  
CONTACT NAME & TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, ST, & ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

TOTAL NUMBER OF SITES: \_\_\_\_\_ NO. OF PROVIDERS (INCLUDING PA/NPs) WRITING PRESCRIPTIONS: \_\_\_\_\_  
AVERAGE NUMBER OF PATIENTS SEEN PER PROVIDER PER DAY: \_\_\_\_\_  
APPROX. % OF PATIENTS LEAVING WITH: **ONE PRESCRIPTION:** \_\_\_\_\_ **TWO OR MORE PRESCRIPTIONS:** \_\_\_\_\_  
AVERAGE NUMBER OF REFILLS WRITTEN PER PRESCRIPTION: \_\_\_\_\_  
CLINIC SPECIALTY (IES): \_\_\_\_\_

LIST YOUR 12 MOST COMMONLY PRESCRIBED DRUGS, INCLUDING STRENGTH AND COUNT:  
(1) \_\_\_\_\_ (5) \_\_\_\_\_ (9) \_\_\_\_\_  
(2) \_\_\_\_\_ (6) \_\_\_\_\_ (10) \_\_\_\_\_  
(3) \_\_\_\_\_ (7) \_\_\_\_\_ (11) \_\_\_\_\_  
(4) \_\_\_\_\_ (8) \_\_\_\_\_ (12) \_\_\_\_\_

PERCENTAGES OF PATIENTS WHO FALL UNDER:  
**CASH** \_\_\_\_\_; **WORKERS COMP** \_\_\_\_\_; **MEDICARE** \_\_\_\_\_; & **MEDICAID** \_\_\_\_\_

PERCENTAGES OF PATIENTS IN EACH OF YOUR TOP 6 MANAGED CARE PLANS-INCLUDE PLAN NAMES:  
(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_  
(5) \_\_\_\_\_ (6) \_\_\_\_\_

HOW MUCH TIME IS SPENT EACH DAY ON PHARMACY-RELATED CALLBACKS & ISSUES? \_\_\_\_\_  
HOW MANY PHARMACY CALLBACKS DOES YOUR CLINIC HANDLE EACH DAY? \_\_\_\_\_  
HOW MANY PHARMACY-RELATED FAXES DOES YOUR CLINIC RECEIVE EACH DAY? \_\_\_\_\_  
WHO HANDLES THESE PHONE CALLS/FAXES? (NURSE, PHARMACY TECH, ETC.): \_\_\_\_\_  
ADDITIONAL COMMENTS/QUESTIONS: \_\_\_\_\_

HOW DID YOU LEARN OF PHYSICIANS TOTAL CARE? \_\_\_\_\_  
IF THROUGH A **PTC** REPRESENTATIVE, THEIR NAME HERE: FMS

FAX, SCAN, OR MAIL COMPLETED FORM TO **PTC**.  
TO EXPEDITE, YOU MAY GO TO [WWW.PHYSICIANSTOTALCARE.COM](http://WWW.PHYSICIANSTOTALCARE.COM) AND COMPLETE THIS FORM ON THE WEB.