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## SCIA for Doctors Group Membership Request Instructions

**Please follow the following steps to join the SCIA for Doctors group.**

1. Email or fax the following information using a voided prescription pad.
  - a) National Provider Identifier (NPI)
  - b) Medical License Number
  - c) Website address
  - d) Address
  - e) Phone Number
  - f) Fax Number
  - g) Email Address you want to use for your SCIA for Doctors group

Sample Prescription Pad Required for  
SCIA for Doctors Membership

**Market Street Family Medicine**  
Michael Smith, M.D.  
123 Main Street, SomeCity, SomeState 45422  
Phone: (432)212-9899 Fax: (432)212-5580  
Web: <http://www.mstreetfamilymedicine.com>  
Email: [msmith@mstreetfamilymedicine.com](mailto:msmith@mstreetfamilymedicine.com)

DEA # \_\_\_\_\_ License # G12345  
BATCH # 11G License Category Physician & Surgeon

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

**Rx**

VOID

SUBSTITUTION PERMISSIBLE \_\_\_\_\_ DO NOT SUBSTITUTE \_\_\_\_\_

DO NOT REFILL \_\_\_\_\_ SIGNATURE OF PRESCRIBER \_\_\_\_\_  
REFILL \_\_\_\_\_ TIMES

Use separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY ARE CRIMES PUNISHABLE BY LAW

Don't hesitate to contact us at [scia@stopcallingitautism.org](mailto:scia@stopcallingitautism.org) if you have any questions.