

Eligibility for Health Script Supply

Procedure, Policy and Declaration

- Biogenics maintains a practitioner-only policy to ensure healthcare professionals receive the support they need, helping to improve patient outcomes and contribute to the overall growth of the natural health industry.
- We believe that supporting this policy is in the best interest of practitioners, and together, we can help raise the standards of complementary medicine for the benefit of everyone involved.
- Our remedies are only available to qualified and registered practitioners in a clinical setting.
- Biogenics reserves the right to remove products where stored or sold inappropriately.
- To be approved to purchase Health Script products, please read and initial the conditions of supply below.

Business/Trading Name:		
Practitioner Name:		
Primary Modality:	Association:	Association Number:
Address:		
Telephone:	Email:	
Biogenics would like to add you to our database to receive industry updates and the latest product info. Tick to subscribe. ☐		
If student: College Name:	Student No:	Year of completion:

Conditions of Supply	Initial
Only the qualified health practitioner may recommend and sell HealthScript products.	
Complete patient records are kept and filed.	
This agreement applies to the practitioner. The clinic/practitioner agrees to inform Biogenics if the practitioner leaves the clinic, or any of the circumstances above that would change the status of this agreement.	
The clinic/practitioner/student agrees to keep all Health Script practitioner products out of public view and reach. This includes public display of products and product information online.	
The clinic/practitioner/student agrees not to have Health Script practitioner products available for public purchase on their website.	
The clinic/practitioner/student is aware that in order to ensure our products are sold according to our sales policy, Biogenics representatives check and officially mystery shop all locations where Biogenics products are sold.	
By signing this declaration, you implicitly agree that Health Script products will be dispensed by you in a professional manner to an individual. Further, you understand that the products will not be resold, gifted or donated to any retail establishment or underqualified practitioner for the purpose of their further prescription or recommendation.	

Please note: we are not able to accept applications from clinics/practitioner located or working within health food stores or pharmacies.

I declare that the information above is true and correct:

Practitioner Name:	
Date:	Signature:

Office Use Only		Date		BM Staff Initial	
Website Access		Database		Emailed Practitioner	
Notified Rep		Notified Distributor		Approved/ Not Approved	