



GERIMEDSM

Maximizing profitability for your LTC Pharmacy

INFORMATION FOR GERIMED SUPPLIERS

Please complete the following information to update GeriMed records.

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Phone number _____ Fax Number _____

Contact Name _____

Title _____

Email Address _____

What types of products does your company provide?

How are your products distributed? Direct ____ Wholesaler ____ Other (please explain)

Please complete the form and a member of the GeriMed team will be contacting regarding becoming a GeriMed supplier.

Thank you.