

FACILITY ENROLLMENT FORM
Please fax to (800) 441-3437 or email to sales@dms-service.com

Group Practice Name: _____

Physician Name with NPI: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Estimated Holter Tests/Month: _____ # of Recorders Requested _____

Estimated Events/Month: _____ # of Recorders Requested _____

Holter Service Type:

- myPatch 72 hour Holter, Internet
- 3m Mini Holter, 7 day, Internet 5 lead 7 lead
- 24 Hour Flash Card, Fed Ex 5 lead 7 lead
- Cardiac Event Monitor

Order Signature: _____

Date: _____

Print Name: _____

Title: _____