



Facility Registration Form

Phone: 1(800)341-1043 Fax: 1(888)447-4593

Demographics:

Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Fax: _____

Primary Contact: _____ Email: _____

Report Preferences:

Urgent Events

End of Study

Email Link

After Hours Phone: _____ After Hours Fax: _____

Urgent Notification Parameters (Default pre-selected):

	<i><u>Notify Provider</u></i>	<i><u>Notify Provider</u></i>
Sinus Bradycardia:< 30bpm > 15sec	X 24/7 8-5	Sustained VT: > 100bpm > 10beats
		X 24/7 8-5
Sinus Bradycardia:< 40bpm > 30sec	24/7 X 8-5	NonSustained VT: > 100bpm > 5beats
		24/7 X 8-5
Sinus Tachycardia:> 190bpm >30sec	24/7 X 8-5	SVT: > 150bpm > 2hrs
		24/7 X 8-5
Pause: > 3seconds	24/7 X 8-5	New Onset AFib/Aflutter: All Events
		X 24/7 8-5
Pause: > 5seconds	X 24/7 8-5	AFib/Aflutter: > 6hrs w/o re-entry
		24/7 X 8-5
Mobitz II 2:1: >3beats	24/7 X 8-5	VFib/Torsade de Pointes: All Events
		X 24/7 8-5
3rd Degree AV Block: All Events	X 24/7 8-5	
		24/7 8-5

List of Providers

Name: _____ NPI#: _____

Name: _____ NPI#: _____

Name: _____ NPI#: _____

Name: _____ NPI#: _____

Name: _____ NPI#: _____

Name: _____ NPI#: _____

*Include additional providers on separate sheet if applicable

Suggested Inventory (in-office hookups) _____

Provider Signature _____ Date: _____

Sales Representative _____



Authorized User:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Additional Providers:

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____

Name: _____ NPI# _____