



Customer Information Form

Thank You For Choosing ClientTell, Inc.

CONTACT INFORMATION <i>(Please Print or Type)</i>	
Practice Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Contact: _____	Title: _____
Telephone: _____	Fax: _____
E-Mail: _____	
* Back-up Contact: _____	Title: _____
Telephone: _____	E-Mail: _____
Additional E-mail Recipients to receive daily report:	
Email: _____	
Email: _____	
OFFICE SOFTWARE MANAGEMENT INFORMATION <i>(Please Print or Type)</i>	
Medical Mgmt. Software: _____	Version: _____
Operating System (Windows, Unix, etc) : _____	
Software Support Provider: _____	
Contact: _____	Telephone: _____
Days in advance to notify patients (please circle):	1 2 3 4 5
PHYSICIANS, PHYSICIAN ASSISTANTS & OTHERS PARTICIPATING IN SERVICE <i>(Please Print)</i>	
1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

* Back-up contact required

Please return this Information Form by fax (229) 242-1562

3185 Madison Highway • Valdosta, GA 31602

Phone: (229) 244-9178 • Fax: (229) 242-1562 • www.clientell.net