

| Facility Name         |               |
|-----------------------|---------------|
| Address               |               |
|                       | _             |
| Phone                 | Fax           |
| Email                 |               |
|                       |               |
|                       |               |
| _                     |               |
| Doctors               | s Information |
|                       |               |
| Doctor's Signature    |               |
| Print Name            |               |
| License Number        |               |
| NPI Number            |               |
|                       |               |
|                       |               |
| Contact Person        |               |
| Clinic Business Hours |               |