

ACCOUNT ENROLLMENT FORM

Date:		Representative:	
Phone:		E-Mail:	
Account Name:			
Primary Office Address:			
City/State/Zip:			
Phone:		Fax:	
E-Mail:			
Prescribing Physician, NP, PA:		Specialty:	
NPI #:		E-Mail:	
Non-Prescribing Nurse/Tech/ Medical Assistant:		Title:	
MD Notification Phone (if different than above):		E-Mail:	
Office Contact Name:		Phone:	
		E-Mail:	
Billing Contact Name:		Phone:	
		E-Mail:	
Billing Address:			
City/State/Zip:			

Monthly Recorder Rental Fee:

Pricing (\$/Per Patient):		Holter Recorder QTY:	
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ECG REPORT DELIVERY METHOD: Davis Medical Services Central Link to Remote Site

Physician Authorized Signature	Date
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NOTIFICATION CRITERIA

- Narrow QRS Tachycardia > 150 bpm (sustained for 30 seconds)
- Atrial Fibrillation/Atrial Flutter 1st documented at Davis Medical and (average HR < 40 bpm or > 150 bpm sustained for 30 seconds)
- Wide QRS Tachycardia (4 or more consecutive beats or rate > 120 bpm sustained for 30 seconds)
- Bradyarrhythmias (sustained for 30 seconds):
 - 0 - 2 years old
 - 3 - 10 years old
 - 10 years or older
- 2nd Degree AV Block
- Complete Heart Block
- Pacemaker Malfunction
- Pause > 3 seconds
- Report of Defibrillator Discharge
- Syncope

HOLTER RECORDER SERIAL NUMBERS

Style:		Number:	
Style:		Number:	
Style:		Number:	
Style:		Number:	
Style:		Number:	
Style:		Number:	
Style:		Number:	
Style:		Number:	

HOLTER RECORDER DOCKING STATION SERIAL NUMBER

Style:		Number:	
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REMOTE SITE KEY SERIAL NUMBER

Style:		Number:	
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