



**Home Medical Visits**  
Diagnostic Medical Testing  
Patient's Are Our First Priority

Corporate Name (To appear on Oximetry/HST Reports): \_\_\_\_\_

Corporate Address: \_\_\_\_\_

Corporate Liaison: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_

# of Locations: \_\_\_\_\_ # of Areas: \_\_\_\_\_ # of Locations per Area: \_\_\_\_\_

- Data Entry by your staff (*Your staff will schedule overnight oximetry tests into our system.*)  
 Data Entry by DMT (*Our staff will schedule patient/physician info in our system to free your time.*)

If your company has more than one location, please let us know how to set-up your corporate tree. This is needed so that corporate officials can view all branch information, area/regional managers can view locations they manage and branch managers can view their branch statistics. If needed, please attach a separate sheet or email our company at [mikeO2test@gmail.com](mailto:mikeO2test@gmail.com).

① Location Address: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's Password: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1st User ID (Email):** \_\_\_\_\_ Password: \_\_\_\_\_

User Name (First & Last): \_\_\_\_\_

**2nd User ID (Email):** \_\_\_\_\_ Password: \_\_\_\_\_

User Name (First & Last): \_\_\_\_\_

② Location Address: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's Password: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1st User ID (Email):** \_\_\_\_\_ Password: \_\_\_\_\_

User Name (First & Last): \_\_\_\_\_

**2nd User ID (Email):** \_\_\_\_\_ Password: \_\_\_\_\_

User Name (First & Last): \_\_\_\_\_

③ Location Address: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Manager's Password: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**1st User ID (Email):** \_\_\_\_\_ Password: \_\_\_\_\_

User Name (First & Last): \_\_\_\_\_

**2nd User ID (Email):** \_\_\_\_\_ Password: \_\_\_\_\_

User Name (First & Last): \_\_\_\_\_

**For additional locations, please attach a separate sheet or email our office with your corporate tree info.**



## Special Physician Requests

## Special Client (DME/HME) Requests

Once completed, fax or email this to our office so that we can set up your account in our oximetry/HST application. If you have a physician referral list, submit this so we can input this data into your account physician database to use when scheduling oximetry/HST tests. If you have any questions about this form or questions about our oximetry/HST application, contact our office and we will gladly assist you.

**Thank you for your business and we look forward to serving your oximetry/HST testing needs.**