

# totalMD<sup>®</sup>

## 30 Free Trial Order Form

Practice Management

CPT Codes

EHR Templates

EHR

HCPCS Codes

Specialty: \_\_\_\_\_

Complete System

ICD-10 Codes

\_\_\_\_\_

Document Center

\_\_\_\_\_

### Business Information:

Business Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-mail:		

### Customer's Information:

Name:
Position:
Phone:
E-mail:

### Security Question:

For account and password requests

Answer:

*By signing this Form, I acknowledge that I have read and agree to the Terms of Service as well as the Service Level Policy, Support Policy and System Requirements, all of which can be viewed and accessed at <http://www.totalmd.com/asp.html>*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DIGITALLY SIGN OR FAX SIGNED COPY TO **602-773-0454**

9.6.2018