



Online Database Request Form

Requested By

Name:
Business Name:
Phone:

Add Database (For database removal, see Database Cancellation Form)

Database or Practice Name	Pre-loaded codes
	<input type="checkbox"/> Include Service Codes <input type="checkbox"/> Include Diagnosis Codes
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Pricing for Database Change

\$29 - Add a Database to existing account
 \$19 - Copy Data and/or Table from one database to another

CC#	
Expiration Date	CCV

Use Card on file

Other Change Requests

Including User Access Changes, Restrictions, Moves and Modifications to Database

By signing this Form, I acknowledge that I have read and agree to the terms and conditions of the Application 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 480-924-1974