

ALL INFORMATION MUST BE PROPERLY FILLED IN.  
INCOMPLETE FORMS MAY TAKE LONGER TO PROCESS.

### CLIENT INFORMATION

Medical Facility (Client): \_\_\_\_\_

Client Code: \_\_\_\_\_

Transcription Company: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_  
(IN CASE WE NEED MORE INFORMATION)

Clinician Name: \_\_\_\_\_  
(PLEASE PRINT YOUR FULL NAME INCLUDING ANY CREDENTIALS)

**Signature (Please keep signature inside dotted box.)**

A large rectangular box with a dotted border, intended for the user to write their signature.

**Signature (Please keep signature inside dotted box.)**

A second large rectangular box with a dotted border, identical to the first one, for a second signature.

### SUBMIT SIGNATURE BY MAIL

Send this completed form to:

Nuance, Inc.  
ATTN: Signatures  
328 E Lakeside St  
Madison, WI 53715

### SUBMIT SIGNATURE BY EMAIL

Please scan just the signature block section on this page at **600 DPI** in **grayscale**.

Email to [eSOne@nuance.com](mailto:eSOne@nuance.com) Please be sure to include the users name, client name and client code.