



Graphical Signature Form

(All information must be properly filled in. Incomplete forms may take longer to process.)

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.)

Signature (Please keep signature inside dotted box.)

Submit signature by mail

Send this completed form to:

Emdat, Inc.
ATTN: Signatures
6180 Verona Road, Suite 200
Fitchburg, WI 53719

Submit signature by email

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

Email to **signatures@emdat.com**. Please be sure to include the users name, client name and client code.