

GRAPHICAL SIGNATURE FORM

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

Medical Facility (Client): _____

Client Code: _____

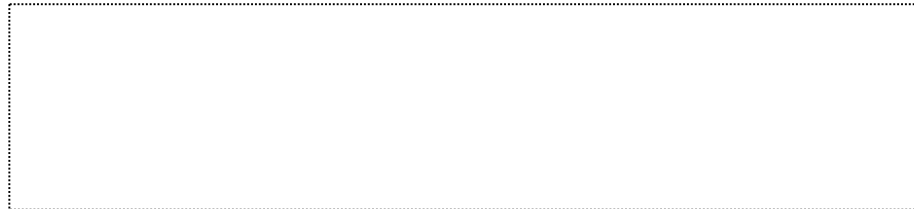
Transcription Company: _____

Contact Phone Number (In case we need more information): _____

Clinician Name: _____

(PLEASE PRINT YOUR FULL NAME INCLUDING ANY CREDENTIALS)

(**Attention:** Please keep signature inside dotted box.)

A large rectangular box with a dotted border, intended for a handwritten signature.

Signature

A large rectangular box with a dotted border, intended for a handwritten signature.

Signature

(**Attention:** Please keep signature inside dotted box.)

Please mail signatures to:

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Fitchburg, WI 53711

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