

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.)

Signature

Signature

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

Please mail signatures to:

Emdat, Inc.
Attention Signatures
2940 Chapel Valley Rd. Suite 2
Fitchburg, WI 53711

or Email to: signatures@emdat.com

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