

# Medical Office Force

Order Form

2005 Prince Ave, Athens, GA 30606

(877) 581-8810

**Practice Name**

**Practice Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Practice Owner**

First Name

Last Name

**Practice Contact**

First Name

Last Name

**Practice Contact Email**

example@example.com

**Job Title**

CEO

COO

Manager

Other

**Are you the Practice Owner?**

Yes

No

**Practice Owner Phone Number**

Please enter a valid phone number.

**Practice Owner Email**

example@example.com

Physician agrees to purchase the following Services from Medical Office Force (“Group”), according to the underlying Software License & General Terms:

Remote Physiologic Monitoring Services

Remote Chronic Care Management Services

Telemedicine

Other

**Contract Start Date**

Month   Day   Year

(This contract is for a 24 month period from the Contract Start Date. Service Contract Automatically renews for twenty-four (24) months, unless the Practice (Physician) or the Group gives advanced written notice within sixty (60) days of the end of the Service Term.)