



DrFirst™ Additional Location Form

Practice Name:	Client ID:
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Additional Location:		
Office Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Phone Number:	Phone Number 2:	Fax:

Additional Location:		
Office Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Phone Number:	Phone Number 2:	Fax:

Additional Location:		
Office Name:		
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Phone Number:	Phone Number 2:	Fax:

Authorized Signature: _____ Date: _____

By signing the above, I hereby authorize adding this/these locations to my practice.

Upon completion, please email paperwork to ehrsupport@geniussolutions.com.