



Client Referral Program Form

Referring Client Information

Practice name: _____
Contact name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

New Client Information

Practice name: _____
Specialty: _____
Contact name: _____ Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Check product(s) of interest for your referral:

- MEDfx practice management solution
- SpringCharts EHR
 - SpringScripts (standalone e-Prescribing)
- Drs Document Retrieval System
- VantageRx Dispensary program
- InstaMed Healthcare payments

Complete this form and fax it to 866-852-4731, Attention: Client Referral Program

or call us at 720-226-9270. Thank you!

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