

## Stratford Software, Inc. - Practice Registration Form

Full Name and address of Practice for license. Appears on statements, insurance forms and reports.  
(Max 25 characters/line) Note: the new CMS form only allows 3 lines for the name and address).  
PLEASE PRINT. We must charge for changes if not clearly printed; see below.

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

1. Specialty \_\_\_\_\_
2. Do you want to track the productivity of individual physicians?    **YES**    **NO**
3. Email address to send the licensed files to \_\_\_\_\_

I verify that ALL the information is accurate. I understand that I must pay \$35.00 for changes.

Pay by: (Circle One) Visa/MasterCard/Amex/Discover

Name on card: \_\_\_\_\_

Card Number:    \_ \_ \_ \_    \_ \_ \_ \_    \_ \_ \_ \_    \_ \_ \_ \_

Card Expiration:    \_ \_ / \_ \_    3 or 4 digit security code \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We need the information above to process your order for a unlimited account. Please include full payment with your order. Allow 2 working days to fill your order.

Stratford Software Inc  
[support@stratfordsoftware.com](mailto:support@stratfordsoftware.com)