

# **MEDISOFT REDUCED PROMOTION QUOTE REQUEST FORM**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TEL. NUMBER** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CURRENT MEDISOFT VERSION** \_\_\_\_\_ **SERIAL NO** (optional) \_\_\_\_\_

**OTHER MEDISOFT PRODUCTS (PLEASE LIST BELOW)**

**PRODUCT** \_\_\_\_\_ **SERIAL NO**(opt) \_\_\_\_\_

**PRODUCT** \_\_\_\_\_ **SERIAL NO**(opt) \_\_\_\_\_

**PRODUCT** \_\_\_\_\_ **SERIAL NO**(opt) \_\_\_\_\_

**PRODUCT** \_\_\_\_\_ **SERIAL NO**(opt) \_\_\_\_\_

**I AM INTERESTED in THE McKesson Medisoft Clinical E.M.R. OPTION** \_\_\_\_\_

Please Call Me to Discuss further, or see EMR Online Demo \_\_\_\_\_

Please Send me more information Regarding:

**RELAY HEALTH** \_\_\_\_\_ **ELECTRONIC STATEMENTS** \_\_\_\_\_ **E-PRESCRIPTION** \_\_\_\_\_

**PLEASE SEND MY REDUCED PROMOTION QUOTE(S) BY:**

**CALL ME** \_\_\_\_\_ **TEL NO:** \_\_\_\_\_

**FAX** \_\_\_\_\_ **FAX NO:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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