

With a prescription you may be eligible for reimbursement for the purchase of your HeartCheck™ Handheld ECG Device. Please complete this form to order direct from CardioComm Solutions and for use when making a claim.



**HeartCheck ECG Monitor Purchase Application** (Please Print Clearly)

**Buyer's Information**

First & Last Name:

Address: Street:

City:	Province:	Postal Code:
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E-mail:

**Unit Information**

Unit Cost: \$	Serial Number:																		
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Date of Purchase: (Month/ Day/ Year)

**Physician's Information**

Prescribing Physician's Name:

Physician's Address: Street:

City:	Province:	Postal Code:
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Province License Number:

**Credit Card Authorization Form**

Name on Card:

Billing Address: Street:

City:	Province:	Postal Code:
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Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Card Number:																		
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Security Code:	Cardholder Signature:
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Expiration Date:

The HeartCheck ECG Monitor is a regulated prescription device and may only be provided under the direction of a licensed physician.



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