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PDF FORM - FILL IN AT YOUR COMPUTER

## **Data of Health Care Facility**

The following data are required to optimize our hotline service. In addition, they serve as a basis to calculate the required license number. For every health care facility, a separate sheet has to be filled.

For customers under license: Based on the license contract, the PeriData Software GmbH is entitled to request information about the current situation of use. Please fill in the form **completely**.

Health care facility = postal address	
Owner = address for the invoice  O same as facility O different:	
EU ValueAddedTax ID (if applicable)	
Invoice O by mail O via email to:	
Number of eye doctors in this facility:	
Contact person:	
Telephon (direct access, no patient number):	
email of the unit:	
EMR Software:	
Number of perimeters:	
1. perimeter (type):	
2. perimeter (type):	
further perimeters (types):	
Comments (last customer number etc.)	
I acknoledge the given statements. I am authorized to sign for this institution.	
date	signature, stamp