



**ADDITIONAL PRACTICE LOCATION FORM**

**PRIMARY LOCATION/ACCOUNT NAME:**

\_\_\_\_\_

Please enter information below to add an additional location to the ScriptSure software. The location entered below will be available as a separate practice within the same patient database. You will be able to separate patients by practice as well as select a different practice header to print on prescriptions and other reports generated out of ScriptSure.

**ADDITIONAL LOCATION DETAIL:**

Practice Name:	
Street Address:	
City, State, ZIP:	
Phone Number:	
Fax:	
E-Mail:	
Other:	

**LOCATION USERS:**

Please list the users that will need access to this location:

(If all users need access, check this box and do not write names below):

User names:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RETURN TO:**

**[sales@dawsystems.com](mailto:sales@dawsystems.com) OR Fax: 518-533-3793 OR Alt Fax: 518-220-9419**