

Additional Information Form

Attention: There is an item in your cart requiring collection of patient and doctor information. The information provided will apply only to the Medical Device on this order. Please complete all required fields.

***Indicates Required**

Patient Personal Information

* First Name _____
* Last Name _____
* Date of Birth _____

Patient Contact Information

* Phone Number _____
Email _____
* Address _____
Address Line 2 _____
Order Number (if available) _____

Doctor Personal Information

* First Name _____
* Last Name _____
* National Provider Identifier (NPI) _____

Doctor Contact Information

* Phone Number _____
* Fax Number _____

Please complete the above form. You can send the completed form by email to confirm@vitalitymedical.com or by fax to (888)-383-7335.