

Clinic Contact Form

Contact Name: _____

Facility Name: _____

Street Address: _____

City/Zip: _____

Tel : _____

Email: _____

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| <p>CHECKLIST:</p> <ul style="list-style-type: none"><input type="checkbox"/> Numbered all KDQOL-36 surveys?<input type="checkbox"/> Entered patient demographic information into Table?<input type="checkbox"/> Completed Contact Form?<input type="checkbox"/> Sent Surveys, Table, and this form to Medical Education Institute, Inc. (via UPS or FedEx*)? |
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Send completed surveys to: **Kristi Klicko**
c/o Medical Education Institute, Inc.
414 D'Onofrio Drive, Suite 200
Madison, WI 53719
Tel: 608-833-8033

Medical Education Institute, Inc. will return your surveys after they are entered into your KDQOL COMPLETE account and enclose an invoice for the data entry and return postage.

*recommended for security and tracking purposes