



Emmi Solutions, LLC

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Practice Registration Form (LAP-BAND)

Fax to 312.223.9655 or 312-568.4148; Attn: Jeff McClard, Email: jmclard@emmisolutions.com

General Information

Practice Name: _____

Allergan Health rep: _____

Who should Emmi Solutions contact at the office to get started?
(First and last name) _____

What is the best time to reach him/her? _____

What **email** address can we send Emmi related info to? _____

Doctor Information

Doctor Name: _____

Email: _____

Med-Mal Insurance Carrier: _____

Number of **new** LAP-BAND consultations and surgeries the doctor performs each week?

Consults: _____ Surgeries: _____

Location Information

Please list all office locations, as well as surgical locations the doctor using Emmi is affiliated with.

1. Office Location Information – Please include the below information for each office the doctor practices

Office Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

2. Surgical Location Information – If the doctor(s) performs surgery at multiple locations (hospitals or surgery centers, etc.), please include the below information for each surgical location.

Site 1: _____

City: _____ **State:** _____ **Main Phone:** _____

Site 2: _____

City: _____ **State:** _____ **Main Phone:** _____

Please contact Emmi Solutions at
312.568.4048 or email jmclard@emmisolutions.com
if you have any questions or would like to sign-up immediately.