CLINIC ENROLLMENT FORM FOR MERLIN.NET™ PATIENT CARE NETWORK (PCN)

Email: syconnectivity@abbott.com	n
Fax To: 1-800-918-8111	

DATE: / /

Thank you for you	r interest in the	Abbott Merlin	n.net™ Patie	nt Care Netwo	ork (PCN).	
In order to enroll,	please complete	e this form wit	th your Merl	in.net™ PCN	Field Representat	tive.

CLINIC INFORMATION					
NAME OF CLINIC OR GROUP (30 Char. Limit):					
PRIMARY ADDRESS:					
CITY: STATE:	z ZIP:				
	FAX:				
CLINIC TYPE					
PLEASE SELECT THE TYPE OF CLINIC: O IMPLANTING ONLY O REFERRING					
 Allows procedure staff at 'Implanting Only' Centers to: 1. Enroll newly implanted patients without receiving transmissions or alerts. 2. Transfer patients to respective referring centers after implant. 	 Allows Referring Centers to: 1. Enroll new patients, receive transmissions and alerts. 2. Request routine patient transfers into their account from implanting centers. 3. View patients awaiting transfer into their Merlin.net PCN clinic from another account. 				
ASSOCIATED SITES					
Site associations allow easy transfer of patients to other sites. If include a site name and Merlin.net PCN user from the associate					
1. MERLIN.NET PCN CLINIC NAME:	MERLIN.NET PCN USER ID:				
2. MERLIN.NET PCN CLINIC NAME:	MERLIN.NET PCN USER ID:				
3. MERLIN.NET PCN CLINIC NAME:	MERLIN.NET PCN USER ID:				
MERLIN.NET PCN SYSTEM ADMINISTRATOR					
MERLIN.NET PCN SYSTEM ADMINISTRATOR:					
TELEPHONE: E	MAIL:				
Note: The Merlin.net PCN system administer will be emailed a use	rname and password, and will be responsible for adding additional clinic users.				
	REP NUMBER:				
TELEPHONE:	EMAIL:				
PLEASE FAX OR EMAIL THIS CLINIC ENROLLMENT F	FORM TO THE CONTACT INFORMATION PROVIDED ABOVE.				

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Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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