

Complete Clinic Software

1217 Lipscomb Drive
Brentwood TN 370207

Phone: 800-989-6576

Fax: 615-373-0334

Email: info@completeclinic.com



eReminder / eSurvey Order Form

I authorize CCS, Inc. to charge my credit card \$238.00 per month in advance to utilize the eReminder and eSurvey system. I understand the eReminder system will automatically send appointment reminders via email, text message and voice calls. It will receive and post client confirmations. And it will send vaccine and service recalls and annual birthday greetings, all without any effort required by my staff. The fully automated eSurvey system sends your patients an email the day after their visit asking if they would like to provide feedback about their experience. You receive copies of all email responses. In addition, clients have an opportunity to post 5 star replies to Google and YELP reviews.

I also acknowledge that I may cancel this service at any time with 30 days' notice to CCS, Inc. CCS, Inc. reserves the right to review volume usage on a quarterly basis and adjust prices as necessary based on volumes used.

Clinic Name _____

Authorized by _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Card Number _____ Exp Date _____ CVV _____

Signature _____ Date _____

Email for eReminder responses _____

Email for eSurvey responses _____

Time Zone _____

Google Account URL _____

YELP Account URL _____