

DoseSpot Registration Form

Clinic/Practice Registration

Please fill out the following fields and return to erx@opendental.com.

Clinic/Practice Name:

Group/Corporate NPI:

Clinic/Practice Tax ID:

Address:

City:

State:

Zip Code:

Phone #:

Fax #:

Practice Administrator (not the provider)*:

Practice Administrator email:

ADSO member or 75+ providers

List all non-doctors who will access DoseSpot:

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

*Designate a staff member (typically an office manager) who will be the point of contact and own the DoseSpot sign up process for providers and proxy clinicians. This person will need admin permissions in Open Dental.