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## TELECOMMUNICATIONS-Pager Request Form

Please complete, Sign and click Submit button to email to M. Carolone

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax#: \_\_\_\_\_ Mailcode: \_\_\_\_\_

FOAPAL: \_\_\_\_\_

**Pager Types: (all have unlimited usage)**

Cue pagers

Numeric/Digital pagers

Alpha/ Text pagers

Patient Pagers (Coaster Style)

**Coverage:**

Extended (New England Area)

Nationwide (US)

**Additional Features:**

*Pagecopy \$5.00 monthly*

Signature of Dept Head/Manager approval: \_\_\_\_\_

Please Print Name of Signature: \_\_\_\_\_

**Office Use:**

Beeper #: \_\_\_\_\_

Capcode: \_\_\_\_\_

Vendor: \_\_\_\_\_