



New Office Request Form

F _____ :

DOB : _____

Office Information

Name: _____		
Address: _____		

City: _____	State: _____	Zip: _____
Phone: (____) _____	Fax: _____	
Practice NPI: _____		

Site Admin Info

First Name: _____	Last Name: _____	Middle Initial: _____
SSN: _____	DOB: _____	
Job Title: _____	Birth City: _____	
Primary Phone: (____) _____	Primary Email: _____	

Provider Info

First Name: _____	Last Name: _____	Middle Initial: _____
Provider NPI: _____	Specialty: _____	
License Number: _____		

First Name: _____	Last Name: _____	Middle Initial: _____
Provider NPI: _____	Specialty: _____	
License Number: _____		

First Name: _____	Last Name: _____	Middle Initial: _____
Provider NPI: _____	Specialty: _____	
License Number: _____		

First Name: _____	Last Name: _____	Middle Initial: _____
Provider NPI: _____	Specialty: _____	
License Number: _____		

First Name: _____	Last Name: _____	Middle Initial: _____
Provider NPI: _____	Specialty: _____	
License Number: _____		

By clicking "submit," Adobe will attempt to open your email client and send the completed form to the TGH EpicLink email address. If this doesn't work, please click the "save" button to save a copy of the form.

Email the form to link@tgh.org or fax it to (813) 844-1133.