

## Sterilizer Monitoring Program

University of Iowa College of Dentistry  
Department of Oral Pathology, Radiology, and Medicine  
Iowa City, IA 52242-1001  
Phone: (800) 626-4692 Fax: (319) 353-5569

### New Office Enrollment Form

#### Office Information

Doctor's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Reporting preference: ☐ Email notification of results ☐ Mailed paper reports

#### Number and type of sterilizers:

\_\_\_\_\_ Steam \_\_\_\_\_ Chemical \_\_\_\_\_ Dry Heat

#### Test frequency:

- \_\_\_ Supplies for 6 months of weekly testing: \$208 per sterilizer
- \_\_\_ Supplies for 12 months of weekly testing: \$416 per sterilizer
- \_\_\_ Supplies for 6 months of monthly testing: \$48 per sterilizer
- \_\_\_ Supplies for 12 months of monthly testing: \$96 per sterilizer

Total amount due (number of sterilizers x price per sterilizer): \_\_\_\_\_

#### Method of Payment:

\_\_\_ VISA \_\_\_ MC \_\_\_ Enclosed Check (made payable to Sterilizer Monitoring Program)

Card # \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ V Code\* \_\_\_\_\_

#### Billing Address

\_\_\_ Same as above

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

\*V code is the three digit number on the back of the card above the signature line. Please call us if you need assistance.

To enroll complete this form and mail to above address or fax to (319) 353-5569. After receipt of the registration form and payment you will be sent the materials and directions for testing. Thank you for choosing the University of Iowa Sterilizer Monitoring Program.

**If you have questions, please call us at:**  
**1-800-626-4692**