



**Letter of Service Agreement between Patient Tools, Inc. (PTI)
and _____ (Client)**

Unlimited access, processing & storage. Includes tech support (phone/email)	<input type="checkbox"/> Access Point(s) (\$58/month)	The first month is at no charge. Depending on assessments used, royalty fees may apply.
Equipment (includes Survey Tablet and Docking Station base)	<input type="checkbox"/> Rent (\$72/month) <input type="checkbox"/> Lease-to-own 12 payments (\$143/month) <input type="checkbox"/> Buy (\$1320)	
Performance Reporting	<input type="checkbox"/> Monthly (\$45) <input type="checkbox"/> Quarterly (\$75) <input type="checkbox"/> Annually (\$125)	

In recognition of the fact that Client has licensed eSmartBase™ software through Patient Tools, Inc. (PTI) and upon receipt of described access fees, PTI agrees to provide client with website hosting and electronic processing of the assessment/survey data delivered by the POV2000 and eSmartBase system. This hosting service includes a secure access system and an account management system through which the client can view, reprint and manage their data.

The hosting and service access is included in the monthly rental fee for each survey unit in use by client. Agreement continues in force until cancelled, with or without cause, by either party in writing, at which point all equipment must be returned within 7 business days.

Use and Limitations. The assessments provided by PTI are intended for use only by properly trained healthcare professionals. The practice shall not substitute assessment results for their own professional judgment. A lack of information or indications from the assessments should not be construed as an indication or proof that any condition is not present. Further or additional tests, information and investigation may be necessary or advisable to confirm or disaffirm any preliminary information produced by the assessments.

Use of Data. All data maintained by PTI is de-identified and remains the exclusive property of the client in support of their business. Use for any other purposes (research, etc) must be pre-approved in writing in a separate agreement.

Referring Practice: _____

Payment. Is a Purchase Order Required for Billing? No Yes Purchase Order Number: _____

We prefer to be billed: MONTHLY QUARTERLY payment in advance

Submit Invoices To:	Company/Practice: _____ Attn: _____
	Address: _____
	City _____ State _____ Zip _____
	Phone () _____ E-mail _____

Ship To if Different:	Company/Practice: _____ Attn: _____
	Address: _____
	City _____ State _____ Zip _____
	Phone () _____

Accepted. The person signing this Agreement, if not an Officer for the Client acknowledges they have the approval to sign on the Client's behalf and the Client agrees this Letter of Agreement is binding.

Client signature

Patient Tools, Inc. signature

(print name)

(print name)

Title

Date

Title

Date

Submit this COMPLETED form to sales@PatientTools.com or by fax to 800-745-9189
Chiropractic Outcomes by Patient Tools, Inc ☎ 11102 W. Cooper Dr. Littleton, CO 80127
(p) 800-745-9186 ☎ (f) 800-745-9189 ☎ www.ChiropracticOutcomes.com



Installation Checklist

Client: _____

Today's Date: _____

of PADs to be installed: _____

Installation Checklist

Is the PC's operating system Windows® 98, ME, 2000, or XP? Yes No

Does the PC have access with **Internet Explorer 5.0 or greater**? Yes No

Is the PC attached to a printer (direct or networked)? Yes No

Is a serial port available ? (If no, a USB will be installed) Yes No

If the answer to any of the above Target PC questions is No, upgrades will be required in order for the PC to work as a PAD station.

IT Support Person's Name _____

Phone _____

Submit this COMPLETED form to sales@PatientTools.com or by fax to 800-745-9189