

St David's HEALTHCARE

OB AirStrip Request Form

Name: _____

3-4 User ID: _____

Email: _____

Do you have a Healthstream e-Learning Account? Yes ___ No ___

Have you completed the Fetal Heart Monitoring CME Course? Yes ___ No ___

If yes, what was the approx. date of completion: _____

Mobile Phone Number: _____

Phone Carrier: _____ AT&T
(check one) _____ Sprint
_____ Verizon
_____ Other: _____

Phone Type: _____ iPhone
(check one) _____ Windows Mobile

Phone Model: _____
(Treo 755, Blackberry HTC Touch, Blackberry Storm, etc)

Facility: _____ Round Rock
(check one) _____ North Austin
_____ South Austin
_____ St. David's Medical Center

<< Please fax this form to IT&S Physician Services at (512) 341-6933 >>