

*Medical Authorization Form for Babycom Home Fetal Monitor*

Please return via Fax or mail (all information is required)

Zetek, Inc.  
876 Ventura Street  
Aurora, CO 80011  
Phone: 303-343-2122  
Fax: 720-579-0310

**Patient Information**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Telephone Number: \_\_\_\_\_

**Physician Information**

Authorizing Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature (or Prescription Copy Attached)

\_\_\_\_\_  
Date