

## Pager Information Sheet

The following information is needed to issue a pager. This information will be placed in a database for the Telephone Operators. You must indicate any information that is private and not to be given out.

Required information will be indicated by an asterisk \*

Before a pager can be issued, send form to GME Office (AE 3042) for signature and cost center account number. GME Office will forward request to Telecommunications when approved.

Person submitting this request \* \_\_\_\_\_

Contact Number \*work ext. \_\_\_\_\_

Business Unit Manager Candice Henderson \_\_\_\_\_

VP Signature \_\_\_\_\_

Name of the person the pager is for \* \_\_\_\_\_

Title / Position Resident Physician \_\_\_\_\_

Cost Center (Account Number) \* GME Office will fill in \_\_\_\_\_

Business Unit (Department Name) \* \_\_\_\_\_

Location / Address \_\_\_\_\_

Contact Numbers

Work \* 706-721- \_\_\_\_\_

HOME \* \_\_\_\_\_ MUST HAVE FOR DATA BASE BACKUP

Cell \_\_\_\_\_ Private  YES or  NO

Type of pager requested

Wide Area Pager @ \$ 8.30 - Coverage Area - 75% of GA, 98% of SC, and 20% of NC

Premise Pager @ \$ 6.30 - Coverage Area – Within the hospital

Nation-Wide @ \$ 25.30

Pager Number Requested \_\_\_\_\_

Please note that we will work to provide the requested number – if it is not available we will assign an available number.