

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: \$130 per sterilizer
- ___ Supplies for 12 months of weekly testing: \$260 per sterilizer
- ___ Supplies for 6 months of monthly testing: \$36 per sterilizer
- ___ Supplies for 12 months of monthly testing: \$72 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**