



Sensiband

Physician Partner Program



Name of the Business/Practice:

Check Business Type:

☐ Individual/Sole Proprietor or Single-Member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Limited Liability Company
Enter the Tax Classification (C = Corporation, S = S Corporation, P = Partnership) _____

Address of the Practice:

EIN/Employment Identification Number:

Office Manager Name and Contact Number:

30% Paid for Every Sale Made VIA Your Unique QR Code.

Date:

**Return this form to: program@sensiband.com
1.844.7SENSIB / 1.844.773.6742**

**Sensiband will contact the Practice to renew the QR codes annually.
Please email customer service to order additional free QR brochures and QR stand-ups.**