

Tenant Information Form

Please complete and return by email to ksouthers@lpc.com.

Practice Name: _____

Address: _____ Suite # _____

City: _____ State: _____ Zip: _____

Billing Name: _____

Billing Address: _____ Suite # _____

City: _____ State: _____ Zip: _____

Type of practice: _____ No. of physicians: _____ No. of employees: _____

Physician Name(s): _____

Office Manager: _____ EMAIL: _____

Office PHONE (____) _____ - _____ Backline (____) _____ - _____

Office FAX #: (____) _____ - _____

Other staff to be listed in Tenant Portal for Service Requests/Building Alerts:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Emergency Contact Person: _____ Email: _____

Mobile (____) _____ Home (____) _____

Emergency Contact Person: _____ Email: _____

Mobile (____) _____ Home (____) _____