

# CLINIC ENROLLMENT FORM FOR MERLIN.NET™ PATIENT CARE NETWORK (PCN)

Please send this form to [merlin\\_cc\\_prd\\_mails@abbott.com](mailto:merlin_cc_prd_mails@abbott.com)

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Thank you for your interest in the Merlin.net™ Patient Care Network (PCN). Please complete this form with your Abbott Representative.

## CLINIC INFORMATION

NAME OF CLINIC OR GROUP (30 Char. Limit): \_\_\_\_\_

PRIMARY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS PARTNER/ACCOUNT NUMBER: \_\_\_\_\_

## CLINIC TYPE

### IMPLANTING ONLY

Allows procedure staff at **'Implanting Only' Centers** to:

1. Enroll newly implanted patients without receiving transmissions or alerts.
2. Transfer patients to respective referring centers after implant.

### REFERRING

Allows **'Referring' Centers** to:

1. Enroll new patients, receive transmissions and alerts.
2. Request routine patient transfers into their account from implanting centers.
3. View patients awaiting transfer into their Merlin.net PCN clinic from another account.

## ASSOCIATED MERLIN.NET PCN CLINICS

Clinic associations allow easy transfer of patient profiles to other Merlin.net PCN clinics. If this Merlin.net PCN clinic will be transferring patient profiles to or from specific Merlin.net PCN clinics, enter the name of those Merlin.net PCN clinics and a user ID from each.

1. MERLIN.NET PCN CLINIC NAME: \_\_\_\_\_ MERLIN.NET PCN USER ID: \_\_\_\_\_

2. MERLIN.NET PCN CLINIC NAME: \_\_\_\_\_ MERLIN.NET PCN USER ID: \_\_\_\_\_

3. MERLIN.NET PCN CLINIC NAME: \_\_\_\_\_ MERLIN.NET PCN USER ID: \_\_\_\_\_

## MERLIN.NET PCN ACCOUNT ADMINISTRATOR

MERLIN.NET PCN ACCOUNT ADMINISTRATOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Note:** The Merlin.net PCN account administrator will be emailed a username and password and will be responsible for adding additional clinic users.

ABBOTT REPRESENTATIVE: \_\_\_\_\_ REP NUMBER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE SEND THIS CLINIC ENROLLMENT FORM TO THE CONTACT INFORMATION PROVIDED ABOVE.**

**FOR INTERNAL USE ONLY | MERLIN CLINIC ID NUMBER:** \_\_\_\_\_

### Abbott

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### Rx Only

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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