

## **DATA SUBMISSION FORM**



Instrument Sys/Model#: DCA Vantage						_	Testing date: <u>6/15//6</u>				
Institution Name: Family Prestice Physicians Mailing Address: 10301 Glacier Huy					How would you like your report returned to you Please select only one method of return						
Attention:    Mailing Address: 10'30   Glacier Hwy     Tunear   Ak 9980     Attention:   Please list the person to be contacted regarding     any issues with this data submission							electronic copy via e-mail (please provide your e-mail addess below)				
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This form is available at **www.mainestandards.com** and may be printed for use or completed electronically. Simpleted forms may be emailed, faxed or mailed to Maine Standards Company.

Email: datareduction@mainestandards.com

Mail To: 221 US Route 1 Cumberland Foreside, ME 04110

ATTN: Data Reduction Department

Fax: 207-892-2266





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