# Existing Equipment Provider Form

Company Name: _____

Main Contact: _____

Main Contact Email Address: _____

Main Contact Phone Number: _____

Administrator's iCode username: _____

Primary Location Address: _____

_____

_____

_____

Primary Location Phone Number: _____

Requested Migration Date*: _____

*Before migration date, please check that all active users have a valid email address associated with their user account. Users with no email address, an invalid email address, and inactive users will not be migrated and will have to be re-created in React Health Connect to access the platform. Migrations, unless otherwise specified, will occur at or before 9 A.M. local time. At migration, your locations, users and patients will be moved to React Health Connect and your iCodeConnect account will be deactivated.

Please send completed forms to register@reacthealth.com