



# The University of Kansas Medical Center Pager Form

Use this form for ALL pager transactions. Any transactions affecting billing require an authorized departmental signature.

Dykes Library Public Services Desk | Hours: 8am-5pm Monday -Friday | Phone: 913-588-2337 | Fax: 913-588-8675

## User/Department Information (Choose either Hospital, University or UKP)

User Name \_\_\_\_\_ Call me at \_\_\_\_\_ when pager is ready to be picked up.

Pager Number \_\_\_\_\_ Department \_\_\_\_\_

Hospital Employee

Department Number: \_\_\_\_\_

University Employee

Grant/Speed Type Number: \_\_\_\_\_

UKP Employee

(if 22312 please include Department Number)

**Departmental Signature** \_\_\_\_\_

Transactions affecting billing require an authorized departmental signature.

## Transaction Type (Choose all that apply)

**New Pager Activation**

Numeric

Alphanumeric

**Coverage: check one**

Local

Nationwide

User name: \_\_\_\_\_

Voicemail: **Yes or No** (\$1/pager/month)

**Page Copy:** provide email and/or mobile #(s) below:  
(\$2.50/destination/pager/month)

Destination & Phone provider:  
\_\_\_\_\_

**Employee Information Change**

Account Number Change

Old Department \_\_\_\_\_

Old Account Number \_\_\_\_\_

New Department \_\_\_\_\_

New Account Number \_\_\_\_\_

User Name Change

Old User \_\_\_\_\_

New User \_\_\_\_\_

**Pager Exchange\***

*\*Please return the damaged unit with replacement request.*

*\*Please DO NOT return water damaged units. Thank you!*

Reason for Replacement:

Lost

Water Damage

Not Receiving Pages

Bad Display

Broken Clip or Pager Body

Other \_\_\_\_\_

**Coverage Change**

New Coverage

Local

Nationwide (requires 929 frequency)

Dates of Coverage (if applicable) \_\_\_\_\_

**Pager Equipment Change**

Upgrade from Numeric to Alphanumeric

Downgrade from Alphanumeric to Numeric

**Cancel Pager**

Reason for Cancellation \_\_\_\_\_

### OFFICE USE ONLY

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New Pager Number \_\_\_\_\_

New Cap Code \_\_\_\_\_

New Serial Number \_\_\_\_\_

Staff Initials \_\_\_\_\_ Entered in database? YES NO

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Old Cap Code \_\_\_\_\_

Old Serial Number \_\_\_\_\_