



**STERILIZER MONITORING SERVICE**  
 School of Dentistry  
 611 SW Campus Drive Rm 415  
 Portland OR 97239  
 sms@ohsu  
 503-494-4641  
 503-494-8498 (FAX)

**NEW CLIENT REGISTRATION FORM**

PRACTICE OR SUBSCRIBER'S NAME (FOR CERTIFICATE):	
ADDRESS:	
PHONE (VOICE):	
PHONE (FAX):	
CONTACT PERSON:	
CONTACT EMAIL (FOR RESULTS):	

*Identify your sterilizers by brand and model*

**STERILIZERS:**

	STEAM	CHEMICAL	OVEN
1.			
2.			
3.			
4.			
5.			

Return this form by mail or FAX to the address above. You can also just give us a call but use this form to collect your information before you call. We will contact you about enrollment. Your strips and barcodes will arrive by mail along with the simple instructions needed to perform the weekly tests. Results will be sent to you by email as will a yearly summary of your results.