KUHA / KUMed / KUPI Pager Form

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

KU Hospital B314 | Hours: 8am-4pm Monday-Friday | Phone: 913-588-2337 | Fax: 913-588-7798

User/Department Information (Hospital, University or UKP)

Requested by ___________________________ Date Requested ___________________________

Department ___________________________ Pager User’s Name ___________________________

Pager Number __________________________ Call / email at _____________________________ when pager is ready

☐ Hospital Employee ☐ University Employee ☐ UKP Employee
Department Number: Grant/Speed Type Number: (Internal Medicine - include Dept. number)

Authorized Signature

Transactions affecting billing require department authorization.

Print Name

Transaction Type (Choose all that apply)

☐ New Pager Activation

Coverage (check one)
☐ Local
($5.55/month)
☐ Nationwide
($17.55/month)

Voicemail (add $1.00/month): Yes / No

☐ Page Copy:
($1.00 Hospital/University, $2.50 UKP)
provide email and/or mobile #(s) below:

☐ Coverage Change

New Coverage
☐ Local
☐ Nationwide (requires 929 frequency)

Dates of Coverage (if applicable) ________________

☐ Pager Exchange*

*Please return the damaged unit with replacement request.
*Please DO NOT return water damaged units.

Reason for Replacement:
☐ Lost
☐ Water Damage
☐ Not Receiving Pages
☐ Bad Display
☐ Broken Clip or Pager Body
☐ Other __________________________

☐ Pager Equipment Change

☐ Upgrade from Numeric to Alphanumeric
☐ Downgrade from Alphanumeric to Numeric

☐ Cancel Pager

Reason for Cancellation __________________________

☐ Add or Delete (circle one) Group(s)

Group Name __________________________

STAFF USE ONLY

Date Received ________/_______/_______
Pager Number 917-______________

New Serial __________________________
New Capcode __________________________
Staff Initials ________

Notes __________________________

Old Serial __________________
Old Capcode __________________
Duration of transaction ____________