



## **Digitsole® Pro Base System**

### **Request for User Activation**

Please fill in the below information and return to NCM's Customer Service team at: [custserv@ncmedical.com](mailto:custserv@ncmedical.com)

NCM Order #

Company Name:

Street:

City:

State:

Zip Code:

#### **Primary User**

Please list the contact information for account Primary User:

First Name:

Last Name:

Phone #:

E-mail address:

**Return this completed form to [custserv@ncmedical.com](mailto:custserv@ncmedical.com).**

For any questions, please contact our Customer Service team at 800-821-9319.