



Specialized Registry Questionnaire

Please fill out this form and return to Margaret Palumbo, MPH at mpalumbo@cecity.com
Phone 412-586-3326

Contact Information

Company:

Name:

Title:

Email:

Phone:

1. How many NPI's does your practice have?

2. What EHR are you currently using?

3. How many specialized registries are you interested in?

4. What specialties are you interested in reporting on?