**Office Information Form for Documenting Your Practice**

1. Computer

Type:

Login:

Password:

2. Computer

Type:

Login:

Password:

3. Router (Wireless network)

Name:

Password:

4. Email – Work 1

Address:

Login:

Password:

5. Email – Work 2

Address:

Login:

Password:

6. Email – Work 3

Address:

Login:

Password:

7. Email – Personal 1

Address:

Login:

Password

8. Email – Personal 2

Address:

Login:

Password:

9. Calendar

Online/Web based:

Password:

Location in office:

10. Password Protected Files

File Name:

Password:

File Name:

Password:

File Name:

Password:

File Name:

Password:

File Name:

Password:

File Name:

Password:

11. Files

Location:

How files are organized:

12. Voicemail

Login:

Password:

13. Keys to Office

Location of spare set:

14. Practice Management Software

Type:

Login:

Password:

15. Subscriptions and Memberships

16. Online Storage or External Hard Drive

Type:

Login:

Password:

Location:

17. How to check for conflict of interest

18. Location of active client list

19. Mail

In office delivery:

PO Box:

20. Fed Ex/UPS Account

Account Number:

Login:

Password