

Hospital Vendor Contract – Summary Sheet

1. Name of Contract: Premier-Participating Member Designated Form for Spacelabs Healthcare
2. Contracted Parties: Spacelabs Healthcare, LLC and Mangum Regional Medical Center
3. Contract Type Services: Physiological Monitoring Systems (Telemetry)
4. Description of Services: The Telemetry system has been approved by the board but the designation form needs to be approved and signed by the board to move forward with Spacelabs Healthcare, LLC
5. Cost: ☒ _____ (Monthly) -and- ☒ _____ (Annually)
6. Term: _____ Months / Years
7. Termination Clause: _____