

New Client Account Set-up Form

[PLEASE PRINT]

PRACTICE INFORMATION		
Facility Name:	NPI #	
Street Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	

PHYSICIAN AND AUTHORIZED USER(S) INFORMATION			
(An authorized user is anyone who is authorized by the physician(s) to order tests on their behalf)			
PRIMARY PHYSICIAN			
Name		NPI	
Title		Email	
Phone Number		Fax Number	
AUTHORIZED USER(S) (optional)			
Name		NPI	
Title		Email	
Phone Number		Fax Number	
Name		NPI	
Title		Email	
Phone Number		Fax Number	

RESULTS PREFERENCES	1 ST	2 ND	3 RD
Preferred method for receiving lab result reports (Check all that apply).	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> FedEx	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> FedEx	<input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> FedEx

Is CSF/specimen collected at the above Practice location?	Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," please fill out section below. (To add any facilities in the future please contact client services)
Name of facility performing CSF draw:	NPI #
Street Address:	
City, State, Zip code:	
Phone:	Fax:
Contact name:	Email:

For Amprion Use Only

Customer Account #:	Initials:	Date:
Comments:		