

NEW CLIENT ACCOUNT SET-UP FORM

Practice Information [please print]		
Facility name:	NPI#:	
Street address:		
City:	State:	Zip code:
Phone number:	Fax number:	

Physician and Authorized User(s) Information			
<small>(An authorized user is anyone who is authorized by the physician(s) to order tests on their behalf)</small>			
Primary Physician [please print]			
Name		NPI #	
Title		Email	
Phone number		Fax number	
Authorized User(s) [optional, please print]			
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:		