

NEW ACCOUNT INFORMATION

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Please fill out completely and fax or email back to the lab

Office Name			
Dr.'s Name			
Last	First		Middle
Office Managers Name			
Street Address			City
Suite #	State	Zip Code	E-mail Address
		p	<u> </u>
Office Phone	Altemate	e Phone	Fax
What would you like you	r account nar	ne to be?	
☐ Dr.'s Name			
Other			
How would you like to receive your monthly statement?			
E-mail:			
Paper Statement (Sent out the first week of the month)			
THANK YOU!			
LAB USE ONLY:	Account		Start Date