



3376 S Eastern Ave Ste. 110 Las Vegas, NV 89169  
Tel: 702-685-6777 | Fax: 702-946-1401

Date: \_\_\_\_\_ Number of Physicians (If applicable): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Group       Solo

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Administrative Contact

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### FOR LABORATORY USE ONLY

CLIENT ID #: \_\_\_\_\_ DOCTOR ID #: \_\_\_\_\_

ACCOUNT REPRESENTATIVE: \_\_\_\_\_