MiraVista DIAGNOSTICS
Rapid Fungal Testing. Accurate Results.

QUESTIONS? PHONE:
(866)-647-2847
(317) 856 2681
FAX COMPLETED FORM TO:
(317)-856-3685

CLIENT REGISTRATION

LABORATORY INFORMATION

Facility Name:		
Address:		
City:	State:	Zip:
Lab Phone # for questions: ( )	Email :	
Primary Contact Name:	Job Title:	
Contact Phone: ( )	Contact Email :	
Main Results Fax: ( )	Alternate Fax: ( )	

To ensure confidentiality, results will only be sent to the FAX number(s) listed above

Invoices will be sent to Ordering Providers Only. WE DO NOT BILL INSURANCE

INVOICING INFORMATION

Contact Name :	Job Title	
Invoicing Address:		
City:	State:	Zip:
Phone: ( )	email :	
Is a Purchase Order required for payment? (Please Circle)	YES	No

All new client registrations require signature by a representative of the client who in signing agrees and guarantees payment. A signed form must be on file before tests can be resulted.

Signature : _____ Date : _____ Print Name : _____

FOR MIRAVISTA USE

Client Account Number:	Customer ID :
Established by : _____	Date : _____

MiraVista Diagnostics
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