

QUESTIONS? PHONE:

(866)-647-2847 (317) 856 2681

FAX COMPLETED FORM TO:

(317)-856-3685

CLIENT REGISTRATION					
LA	BORATORY I	NFORMA [®]	TION		
Facility Name:					
Address:					
City:	5	State:		Zip:	
Lab Phone # for questions:	F	Email :			
()					
Primary Contact Name:	J	lob Title:			
Contact Phone:	(Contact Email	:		
()					
Main Results Fax:	ļ,	Alternate Fa	x:		
()		()			
To ensure confidentiality, r	esults will only	be sent to	the FAX num	ber(s) listed above	
Invoices will be sent to O	rdering Provide	ers Only. <u>W</u>	<u>E DO NOT BI</u>	LL INSURANCE	
	INVOICING II	NFORMAT	ION		
Contact Name :	J	lob Title			
Invoicing Address:					
City:	9	State:		Zip:	
Phone:	6	email :	<u>_</u>		
()					
Is a Purchase Order required for payment?	(Please Circle)		YES	No	
All new client registrations	require signati	ure by a rep	resentative o	of the client who in signing	
agrees and guarantees pay	ment. <u>A signe</u>	ed form mus	t be on file b	efore tests can be resulted.	
Signature :	Date :		Print Name : _		
	FOR MIRAVI	STA USE			
Client Account Number:		Customer ID:			
Established by ·			Date :		

MiraVista Diagnostics
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www.miravistalabs.com