



PHONE: (866) 647-2847 or (317) 856-2681

FAX OR EMAIL COMPLETED FORM TO:

(317) 455-2156

labsupport@miravistalabs.com

CLIENT REGISTRATION		
LABORATORY CONTACT INFORMATION		
Facility Name:		
Address:		
City:	State:	Zip:
Lab Phone for Specimen and Test Verification: ()	Primary Contact Name:	
Email:	Job Title:	
Contact Phone: ()	Contact Email:	
RESULT METHOD		
Result method will default to email unless noted here: ☐ Email ☐ Fax ☐ Fax & Email	Result Fax: ()	Result Email: _____
To ensure confidentiality, results will only be sent to the contact method listed above. Invoices will be sent to the ordering facility. <u>WE DO NOT BILL INSURANCE</u>		
BILLING INFORMATION		
Contact Name:	Title:	
Billing 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. <u>A signed form must be on file before tests can be resulted.</u>		
Signature: _____ Date: _____ Print Name: _____		
FOR MIRAVISTA USE		
Client Account Number:	Customer ID:	
Established by: _____ Date: _____		

MiraVista Diagnostics
4705 Decatur Blvd, INDIANAPOLIS, IN 46241
www.miravistalabs.com