CHATTAHOOCHEE PHYSICIANS LABORATORY SERVICES, LLC

DATE SUBMITTED

DESIRED START DATE

Please send completed form to
dbauer@chattahoocheelabs.com

LAB SERVICES REQUESTED

○ URINE TOX ○ PGX ○ ALLERGY

SALES/DISTRIBUTORSHIP INFORMATION

Sales Rep: _____ Sales Rep Phone Number: _____
Distributor Group: _____

CLINIC/PRACTICE INFORMATION

Legal Clinic/Practice Name: _____

Clinic Specialty: ▢ PAIN ▢ FAMILY PRACTICE ▢ OB/GYN ▢ PSYCH ▢ OTHER _____

Street Address: _____
Suite/Apt/Unit: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Fax Number: _____

Office Contact: _____ E-mail: _____
Supplies Contact: _____ E-mail: _____

PROVIDER INFORMATION

Please list all clinic/practice providers:

▢ MD ▢ PA ▢ NP Name: _____ NPI#: _____

▢ MD ▢ PA ▢ NP Name: _____ NPI#: _____

▢ MD ▢ PA ▢ NP Name: _____ NPI#: _____

▢ MD ▢ PA ▢ NP Name: _____ NPI#: _____

If you need additional space, please attach a separate sheet of paper.

REPORTING

▢ FAX _____ ▢ PORTAL _____
REJECTION NOTIFICATION - ▢ PORTAL ▢ EMAIL _____