

CENTRAL MEDICAL LABORATORY

18012 Cowan Ave, STE #250 Irvine, CA 92614

2601 N. 3rd ST. Phoenix, AZ 85004

ALL DELIVERIES GO TO THE IRVINE LOCATION

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TEL:(800)621-1828
FAX:(949) 610-1758

NEW ACCOUNT INFORMATION										
CLINIC/ORGANIZATION NAME							PHONE			
SPECIALTY				MANAGER NAME (FIRST LAST)						
STREET ADDRESS										
CITY				STATE		ZIP		TIME ZONE: <input type="checkbox"/> EST <input type="checkbox"/> CST <input type="checkbox"/> MST <input type="checkbox"/> PST		
CLINIC EMAIL						SECURE FAX (FOR REPORTING)				
ALT. PHONE						GENERAL FAX				
CONTACT NAME (FIRST LAST)				PHONE			EMAIL			
CONTACT NAME (FIRST LAST)				PHONE			EMAIL			
CONTACT NAME (FIRST LAST)				PHONE			EMAIL			
CRITICAL RESULTS CONTACT NAME (FIRST LAST)				PHONE			ALT PHONE			
ALT. CRITICAL RESULTS CONTACT NAME (FIRST LAST)				PHONE			ALT PHONE			
BILLING CONTACT NAME (FIRST LAST)				PHONE			EMAIL			
MEDICAL DIRECTOR NAME				NPI #		UPIN		STATE LICENSE #		STATE
PRACTICING DOCTORS/ REFERING PHYSICIANS AT THE CLINIC										
<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP	NAME (FIRST LAST)			NPI #		UPIN		STATE LICENSE #		STATE
PHONE			REPORTING EMAIL				RESULTS ACCESS PASSWORD			
<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP	NAME (FIRST LAST)			NPI #		UPIN		STATE LICENSE #		STATE
PHONE			REPORTING EMAIL				RESULTS ACCESS PASSWORD			
<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP	NAME (FIRST LAST)			NPI #		UPIN		STATE LICENSE #		STATE
PHONE			REPORTING EMAIL				RESULTS ACCESS PASSWORD			
CLINIC INFORMATION					SHIPPING INFORMATION					
Hours of Operation: _____					Specimens Delivered By:			If Courier Service Used:		Pick Up Time:
Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su					<input type="checkbox"/> Courier			<input type="checkbox"/> Daily		_____
Number of Doctors: _____					<input type="checkbox"/> Self			<input type="checkbox"/> Monday		<input type="checkbox"/> Thursday
Number of Patients Seen Per Week: _____					<input type="checkbox"/> USPS			<input type="checkbox"/> Tuesday		<input type="checkbox"/> Friday
Estimated Samples Per Week: _____					<input type="checkbox"/> FedEx			<input type="checkbox"/> Wednesday		<input type="checkbox"/> Saturday
Collection Supplies Needed: <input type="checkbox"/> Y <input type="checkbox"/> N					<input type="checkbox"/> Other: _____					
Sales Representative Name: _____					Active Account Date: _____					