

**PRACTICE**

Name \_\_\_\_\_

Location \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website WWW. \_\_\_\_\_

NPI \_\_\_\_\_ PM / EHR \_\_\_\_\_

Work Hours: | Mon \_\_\_\_\_ : \_\_\_\_\_ Tue \_\_\_\_\_ : \_\_\_\_\_ Wed \_\_\_\_\_ : \_\_\_\_\_ Thu \_\_\_\_\_ : \_\_\_\_\_  
 | Fri \_\_\_\_\_ : \_\_\_\_\_ Sat \_\_\_\_\_ : \_\_\_\_\_ Sun \_\_\_\_\_ : \_\_\_\_\_

**PHYSICIAN(S)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Specialty \_\_\_\_\_

NPI \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Specialty \_\_\_\_\_

NPI \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**PHLEBOTOMIST**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**ADMINISTRATOR**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**LAB REPORT DELIVERY:**

Physician Portal  Software Interface  Automatic Fax (\_\_\_\_) \_\_\_\_\_  Printed/Sealed Envelope

**SPECIMEN PICK UP:**

By Request  Scheduled

	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	:	:	:	:	:	:	:
	_____	_____	_____	_____	_____	_____	_____

**SPECIMEN BOX INSTRUCTION:**

\_\_\_\_\_

\_\_\_\_\_