

ORDERING PROVIDER INFORMATION

Ordering Provider or Practice Name				
Address	City	State	Zip	Phone (with area code)
Physician Signature or Authorized Representative of Client				Date (m/d/yyyy)

PHYSICIAN INFORMATION

Authorized Contact Physician Last		First		Credentials
Contact Person	Contact's Phone (with area code)		Physician NPI	
How would the Physician like to receive their reports? <input type="checkbox"/> Fax <input type="checkbox"/> Portal Only	Fax # for reports (with area code)		Email for report notification	
Client type: <input type="checkbox"/> Private Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Lab <input type="checkbox"/> Nursing home <input type="checkbox"/> Unknown			Bill To <input type="checkbox"/> Pt Self Pay <input type="checkbox"/> Insurance <input type="checkbox"/> Client (client code: _____)	

IF CLIENT BILL PLEASE COMPLETE

Name Last		First		
Billing Address			City	State
Phone (with area code)		Email Address		
Office Manager				

IF MULTI PHYSICIAN PRACTICE PLEASE COMPLETE FOR ADDITIONAL PHYSICIANS

Physician Last		First		Credentials
Physician NPI	Phone (with area code)		Fax (with area code)	
How would the Physician like to receive their reports? <input type="checkbox"/> Fax <input type="checkbox"/> Portal Only	Fax # for reports (with area code)		Email for report notification	
Physician Last		First		Credentials
Physician NPI	Phone (with area code)		Fax (with area code)	
How would the Physician like to receive their reports? <input type="checkbox"/> Fax <input type="checkbox"/> Portal Only	Fax # for reports (with area code)		Email for report notification	
Physician Last		First		Credentials
Physician NPI	Phone (with area code)		Fax (with area code)	
How would the Physician like to receive their reports? <input type="checkbox"/> Fax <input type="checkbox"/> Portal Only	Fax # for reports (with area code)		Email for report notification	

FAX COMPLETED FORM TO: 256-327-0981 • EMAIL: INFO@ALIMETRIX.COM

Client Services Manager Name Last		First		
Phone (with area code)		Email		