



Client Status	
<input type="checkbox"/>	Prospect
<input type="checkbox"/>	New
<input type="checkbox"/>	Revive

Client Form					
Facility Name					
Specialty					
CLIA Number					
Medical Director					
Address					
Phone Number					
Fax Number					
Client Website					
Reporting Preference	<input type="checkbox"/>	FAX	<input type="checkbox"/>	Online Portal (Please check below which staff members need individual access)	
	<input type="checkbox"/>	Digital Imaging (Tech only)			
Billing Preference	<input type="checkbox"/>	Insurance	<input type="checkbox"/>	Client Bill	<input type="checkbox"/> Self Pay
Invoice Preference	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Email	
Invoice Email (Billing)					
Specimen Transport Method	<input type="checkbox"/>	Vitro Courier	<input type="checkbox"/>	Fedex	<input type="checkbox"/> Other: _____
Additional Notes/ Supply Order					
Physicians Associated with Facility				Portal	Email Notification
Name:	NPI#:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	NPI#:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	NPI#:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	NPI#:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	NPI#:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	NPI#:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
STAFF				Portal	Email Notification
Name:	Title:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>
Name:	Title:	Email:	PH:	<input type="checkbox"/>	<input type="checkbox"/>