Diagnostic Solutions Laboratory

RESEARCH. TECHNOLOGY. RESULTS.

Electronic Signature Authorization Form

www.DiagnosticSolutionsLab.com
cs@DiagnosticSolutionsLab.com

877.485.5336
470.239.5017

Authorization:

PLEASE PRINT

I authorize Diagnostic Solutions Laboratory to accept the signature shown below as my true signature on all orders submitted by me. I understand that my signature is needed on all Insurance/Medicare claim submissions. This will remain in effect unless revoked upon my written request.

Date: _____

Healthcare Practitioner's Name (PRINT/TYPE FULL NAME): _____

Healthcare Practitioner's NPI #: _____

DSL Account #: _____

Signature of Practitioner: _____

MUST BE PHYSICALLY AND LEGIBLY SIGNED IN YOUR FULL NAME