



Practice Information:

ELECTRONIC FORM – PLEASE PRINT IF FILLING OUT MANUALLY!

877.485.5336 
470.239.5017 

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Ctry: _____

Phone: _____ Fax: _____

Primary Contact: _____ Phone: _____

Email: _____

Billing Contact: _____ Phone: _____

Email: _____

Ordering Clinician(s) Information:

Name: _____ Title/
Degree: _____

NPI: _____

Name: _____ Title/
Degree: _____

NPI: _____

Name: _____ Title/
Degree: _____

NPI: _____

IMPORTANT

Please attach copy of your credentials (License/Scope of Practice). Diagnostic Solutions is a CLIA regulated laboratory. Providers must be licensed or registered in order to set up an account. Contact Customer Service with any questions.

How Did You Learn About Diagnostic Solutions Laboratory?

Conference/Seminar Colleague Nutraceutical Company Patient Other

Due to state laws physician billing is not available in NY, NJ and RI.

If you would like to set up your account for clinician billing, please include the credit card information below.

Card Type: Visa MasterCard American Express

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CC# _____ Exp: _____ CR # _____ Zip Code: _____

Signature of Card Holder: _____

By signing this authorization, you are authorizing Diagnostic Solutions Laboratory, LLC to charge this card for testing services as they are submitted.