EXPRESS GENE MOLECULAR DIAGNOSTICS LABORATORY
EXPRESS GENE expressgene.us

LABORATORY TEST REPORT

9000 SW 152 Street Ste. 209
Miami • FL • 33157
Tel: 786.250.3419 • Fax: 786.250.3074
Email: info@expressgene.us

NEW CLIENT FORM

Client Information			Client Number Assigned:		
Practice Name:					
Street Address:					
City:		State:		ZIP Code:	
Office Contact Person:			E-mail:		
Telephone:			Fax: :		

Office Hours					
M	**T**	**W**	**TH**	**F**	**S**

Pick Up Schedule					
M	**T**	**W**	**TH**	**F**	**S**

Reporting Option		
[ ] Fax	[ ] Web Portal	[ ] Mail

Physician (1) Information		
Physician Name:		
NPI:	License#:	UPIN

Physician (2) Information		
Physician Name:		
NPI:	License#:	UPIN

Physician (3) Information		
Physician Name:		
NPI:	License#:	UPIN

Physician (4) Information		
Physician Name:		
NPI:	License#:	UPIN