



Practice Registration Form

Sales Representative: Brandon Burkett Date Sent: 10/18/2024

Name of Practice: _____
Address: _____
City: _____
State: _____ Zip Code: _____
E-mail: _____
Practice Phone Number: _____
Practice Fax Number: _____

Ordering Physicians:

Name: _____	NPI: _____	Signature: _____
Name: _____	NPI: _____	Signature: _____
Name: _____	NPI: _____	Signature: _____
Name: _____	NPI: _____	Signature: _____
Name: _____	NPI: _____	Signature: _____

Reporting Preferences:

Online Portal: _____
 Fax: _____
 E-mail: _____

Sample Pickup:

Mon Tue Wed Thu Fri Sat

2725 S JONES BLVD STE 107 LAS VEGAS NV 89146 | TEL: 725-214-0368

Natasha1mtg@gmail.com