



# New Account Registration

BioLab Fluid GF™

Email all completed registrations to: [save@dsmhi.com](mailto:save@dsmhi.com)

## Sales Representation Information

Sales Rep Name:	DS Medical Holdings, Inc.	Sales Rep Address:	1150 Atlantic Street Unit 704 Milford, Michigan 48381
Sales Rep Email:	DSM <a href="mailto:save@dsmhi.com">save@dsmhi.com</a> (SECURE)	Sale Rep Work Phone #:	DSM (248) 685-8155 (SECURE) FAX: (855) 424-3249
Distribution Group:	RS Medical Solutions Inc.- BJ Flynn	Sale Rep Mobile Phone #:	(248)-830-0323 David A. Bandyk President DSM

## Facility/Practice Information Office Hours

Facility/Practice Name:		Monday	
Street Address:		Tuesday	
City/State/Zip:		Wednesday	
Telephone #:		Thursday	
Fax #:		Friday	
Practice Contact:	Name:	Saturday	
	Email:	Sunday	

## Practice Providers and/or Facility Information

Provider Name, Credentials	NPI #	License #

## Insurance Information

Top Three Payers:		Percentage MCR/MCD:	
Est Top 3 Procedures:			
Est Volume (Procedures):			
Auth Customer Signature:		Name/Title:	Date:

For Office Use Only

CA/CC \_\_\_\_\_  
 TS \_\_\_\_\_

CRM   
 INTR