



ACCOUNT ENROLLMENT FORM

777 Cleveland Avenue, Suite 516. Atlanta, GA 30315
OFFICE #: 470-355-0481 **FAX #:** 1-678-623-3950

PRACTICE INFORMATION

PRACTICE NAME:	TERRITORY MANAGER:	REGIONAL MANAGER:	
PRACTICE PHONE:	PRACTICE FAX:	PROJECTED START DATE:	
PRACTICE ADDRESS:	CITY:	STATE:	ZIP CODE:
CONTACT PERSON:	CONTACT PHONE:	CONTACT EMAIL:	

PROVIDER INFORMATION

PLEASE FILL-OUT ALL INFORMATION FOR ALL PROVIDERS WHO WILL REQUIRE UTI MANAGEMENT SERVICES.

LAST NAME:	FIRST NAME:	NPI:	SIGNATURE:
LAST NAME:	FIRST NAME:	NPI:	SIGNATURE:
LAST NAME:	FIRST NAME:	NPI:	SIGNATURE:
LAST NAME:	FIRST NAME:	NPI:	SIGNATURE:

SERVICES NEEDED AT LOCATION

PLEASE SELECT ANY OF THE FOLLOWING SERVICES THAT WE OFFER WHICH YOU MAY REQUIRE:

- | | | |
|---|---|--|
| <input type="checkbox"/> MOBILE PHLEBOTOMY SERVICES | <input type="checkbox"/> WOUND TESTING | <input type="checkbox"/> TOXICOLOGY SERVICES |
| <input type="checkbox"/> MOLECULAR UTI / STD TESTING SERVICES | <input type="checkbox"/> PCR GI PANEL | <input type="checkbox"/> ANTIBIOTIC TIME-OUT ALERT |
| <input type="checkbox"/> RPP TESTING SERVICES | <input type="checkbox"/> BLOOD TESTING | <input type="checkbox"/> PGx TESTING |
| <input type="checkbox"/> SARS-CoV-2 (COVID-19) (qPCR) | <input type="checkbox"/> IgG IgM COVID ANTIBODY | |

SHIPPING PREFERENCES

IF YOU HAVE **PREFERRED SHIPPING METHODS** PLEASE SELECT FROM OUR LIST OF SHIPPING PARTNERS

- FedEx
 UPS

PREFERRED SCHEDULE & TIMES:

- | | |
|------------------------------------|-------------------------------|
| <input type="checkbox"/> MONDAY | <input type="checkbox"/> AM |
| <input type="checkbox"/> TUESDAY | <input type="checkbox"/> NOON |
| <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> PM |
| <input type="checkbox"/> THURSDAY | |
| <input type="checkbox"/> FRIDAY | |

SPECIAL INSTRUCTIONS:

REPORTING PREFERENCE:

How would you like to receive your reports?

- Fax Online Portal Both