



New Client Information Form

Account # (For Internal Use Only)

Thank you for trusting Unilab with your testing needs. Please complete this form and fax it back to (954) 797-9494. If you have any questions, contact Unilab Client Services at (954) 792-7422.

ACCOUNT INFORMATION

Account Name _____

Address _____ Suite/Bldg _____

City _____ State _____ Zip _____

Phone Number(s) _____ Ext _____

Fax Number(s) _____

E-mail Address _____

Account NPI Number _____

Additional Notes _____

PROVIDER INFORMATION *Required*

Clinician Name _____ NPI Number _____ State License Number _____

Clinician Name _____ NPI Number _____ State License Number _____

Clinician Name _____ NPI Number _____ State License Number _____

(Additional providers can be added on backside of form)

RESULTS

Do you require Electronic Medical Records Integration? No Yes

If yes, which EMR system are you using? _____

How do you prefer to receive results? Fax Unilab Provider Portal EMR

Who should we contact to report an abnormal result requiring immediate attention?

Name _____ Title _____

Phone Number _____

E-mail _____

This form was completed and authorized by:

Print Name _____ Signature _____ Date _____