



(210) 463-9191

4726 Shavano Oak Suite 105 San Antonio, TX 78249

Please fax registration: 210-463-9190
or email: register@qftox.com

CLIA 45 D 2131821

A PRACTICE INFORMATION

Practice Name _____ Hours of Operation _____
 Street Address _____

 City, State Zip _____ Contact Name _____
 Phone _____ Contact Phone _____
 Fax _____ Contact Email _____
 Send Results via [] Fax [] Web-Portal

B PROVIDER INFORMATION

<u>NPI NUMBER</u>	<u>PROVIDER NAME (M.D.,D.O.,CRPN, etc.)</u>	<u>PROVIDER SIGNATURE</u>

C SPECIMEN HANDLING & SHIPPING

Main Contact for Specimen Handling _____ Date _____
 Does the clinic intend to bill for presumptive screening? yes no Account Rep _____

FOR ALL NEW ACCOUNTS, WE MUST RECEIVE CONFIRMATION OF THE ORDERING PROVIDER'S SIGNATURE. PLEASE HAVE THE ORDERING PROVIDER SIGN OFF AND ACKNOWLEDGE THEIR SIGNATURE ON A VOIDED PRESCRIPTION ORDER FORM OR THE QFT SIGNATURE VERIFICATION FORM.

Admin Use Only:
 Pick-Up: [] UPS [] Local Courier [] Lonestar
 Webportal Setup:

Notes:

