

Southern Nevada Public Health Laboratory

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CLIENT INFORMATION FORM

This form will be utilized to collect information needed to establish a client account with Southern Nevada Public Health Laboratory. It may also be used to update information on an established client

PLEASE PRINT CLEARLY AND INCLUDE ALL INFORMATION

GENERAL		
Facility Name		
Facility Address		
City	State	Zip Code
Facility Phone #	Secure Fax	
Secure Email		
Provider Information		
Provider Name	NPI Number	
CONTACTS		
Primary Contact for Testing Inquiries	Title	
Phone #	Email	
Secondary Contact For testing Inquiries	Title	
Phone#	Email	
BILLING		
Billing Contact Name	Title	
Phone #	Email	
Billing Address		