



PLEASE CONTACT US WITH QUESTIONS

Phone: (888)-841-VETS (8387)
(317) 856 2681

www.MiraVistaVets.com

Fax the Completed Form: (317)-856-3685

CLIENT REGISTRATION		
LABORATORY INFORMATION		
Facility Name:		
Address:		
City:	State:	Zip:
Lab Phone # for Questions: ()	Email :	
Primary Contact Name:	Job Title:	
Contact Phone: ()	Contact Email :	
Main Results Fax: ()	Alternate Fax: ()	
<p>To ensure confidentiality, results will only be sent to the FAX number(s) listed above</p> <p>Invoices will be sent to Ordering Providers Only. <u>WE DO NOT BILL INSURANCE</u></p>		
INVOICING INFORMATION		
Contact Name :	Job Title	
Invoicing Address:		
City:	State:	Zip:
Phone: ()	email :	
Is a Purchase Order required for payment (please circle)?: YES NO		
<p>All new client registrations require signature by a representative of the client who in signing agrees and guarantees payment. <u>A signed form must be on file before tests can be resulted.</u></p>		
Signature : _____ Date : _____ Print Name : _____		
FOR MIRAVISTA USE		
Client Account Number:	Customer ID :	
Established by : _____ Date : _____		

MiraVista Veterinary Diagnostics
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