



PHONE: (866) 647-2847 or (317) 856-2681

FAX OR EMAIL COMPLETED FORM TO:

(317) 455-2156

labsupport@miravistalabs.com

CLIENT REGISTRATION		
LABORATORY CONTACT INFORMATION		
Facility Name:		
Address:		
City:	State:	Zip:
Lab Phone for Specimen and Test Verification: (       )	Primary Contact Name:	
Email:	Job Title:	
Contact Phone: (       )	Contact Email:	
RESULT METHOD		
Result method will default to email unless noted here: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Fax & Email	Result Fax: (       )	Result Email: _____
<b>To ensure confidentiality, results will only be sent to the contact method listed below. Invoices will be sent to the ordering facility. <u>WE DO NOT BILL INSURANCE</u></b>		
BILLING INFORMATION		
Contact Name:	Title:	
Billing Address:		
City:	State:	Zip:
Phone: (       )	Email:	
Is a Purchase Order required for payment? (Please Circle)                      YES                      No		
<b>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></b>		
Signature: _____	Date: _____	Print Name: _____
FOR MIRAVISTA USE		
Client Account Number:	Customer ID:	
Established by: _____		
Date: _____		

MiraVista Diagnostics  
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[www.miravistalabs.com](http://www.miravistalabs.com)