ASAP DIAGNOSTICS

CLIENT ONBOARDING FORM

Start date request: _____

Account Information

Account name:	Contact name:
Phone:	Contact title:
Fax:	Contact phone:
Address:	Contact Email:
Account name:	ASAP DX REP:

Panels Ordered & EST. Monthly Volume

- ☐ CCM/Polypharmacy
- ☐ Tox Panel (Screen & Confirmation)
- ☐ Respiratory Pathogen Panel
- ☐ Flu/RSV/Cov2 Panel
- ☐ UTI Panel
- ☐ STI Panel
- ☐ Nail/Fungal Panel
- ☐ Wound Panel
- ☐ GI Panel
- ☐ Women's Health Panel
- ☐ Eye Panel
- ☐ Ear Panel
- ☐ Antibiotic Resistance Panel
- ☐ Other Testing Requests:
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Billing Type

☐ Insurance ☐ Client Bill (Approval Required) ☐ Patient

Reporting Prefrence

☐ Fax to Practice ☐ Order Portal ☐ EMR Integration REQUEST

Shipping Information

☐ FedEx Shipping ☐ UPS Shipping

Critical Contact Information

Contact name:	Email:
Phone:	Notes:

832-770-4686 info@asapdx.com 1400 N Sam Houston Pkwy E, Ste 158 Houston TX 77032

ASAP DIAGNOSTICS

PHYSICIAN AUTHORIZATION FORM

Portal Access: Individuals Authorized To Electronically Access Portal And Order Tests	
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:
Name:	Email:

Physician Signature Record

Please include all providers who are authorized to order lab testing. The individual listed below are authorized to sign patient test requisitions, limited to MD, DO, PA or APRN (CNP). RNS are not allowed to order or sign for lab testing without physician;s authorization (see above.)

Last name	First name	NPI #	Signature	Date

I understand and hereby acknowledge that I will only order tests that I believe to be medically necessary to ensure patient compliance with the therapy that I have prescribed.

832-770-4686
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Houston TX 77032