



Medicon Clinical Laboratory
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INFORMATION	SALES PERSON:					
Client Number Assigned						
Start Date:						
Client Location Name:						
Address:						
Phone#						
Fax#						
Emergency/ Internal Contact:						
Physician A/ NPI/ UPIN						
Physician B/ NPI/ UPIN						
Physician C/ NPI/ UPIN						
Physician D/ NPI/ UPIN						
Main Contact Person:	Name:		Title:		Number:	
	M	T	W	Th	F	S
Office Hours:						
Specimen Pick Up Times:						
Phlebotomist Name/Number:						
Report Delivery Format	Web <input type="checkbox"/>		Paper <input type="checkbox"/>	Fax <input type="checkbox"/>	<input type="checkbox"/> Prelim and Finals	<input type="checkbox"/> Finals Only
Report Style Requirements						
Requisition Requirements						
Panels Requested A						
Panels Requested B						
Panels Requested C						
Computer Requirements						
Special Supply Requirements						
Special Pricing Applicable?	Y / N If yes, provide price list YES					
Panic Values	<input type="checkbox"/> Call All Panic Values until ___ pm / after ___ am <input type="checkbox"/> Fax All Panic Values: <input type="checkbox"/> Custom Panic Values:					

ACCT OF: _____

Reviewer Name: _____

Date Reviewed: _____