



FOR LAB USE ONLY:

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

FACILITY ID: \_\_\_\_\_

PROVIDER ID(s): \_\_\_\_\_

ACCOUNT REP: \_\_\_\_\_

RETURN VIA FAX TO (702) 233-1793 – OR – VIA EMAIL TO SARA@ASLVegas.COM

MEDICAL CLIENT PROFILE

SECTION 1: FACILITY AND GENERAL CONTACT INFORMATION

CLINIC or FACILITY NAME: NV LIC #: NPI #: FEDERAL TAX ID #:

Do you operate multiple locations? YES NO If YES: If the locations are managed by and staffed by the same providers, only one profile is needed. If they are separate, an additional profile for each location will be required.

PRIMARY ADDRESS:

Do you have more than one provider (physician, PA, etc.)? YES NO

MAIN CONTACT:

PHONE / FAX:

Do you want your results sent via EMAIL FAX WEB ACCESS

EMAIL:

SECTION 2: PROVIDER INFORMATION

If you need to add more than three (2) providers, please see Section 4.

PROVIDER NAME: Last, First, MI TYPE: MD DO PA-C Other:

NV LIC #: NPI #: UPIN#: TAX ID #:

PROVIDER NAME: Last, First, MI TYPE: MD DO PA-C Other:

NV LIC #: NPI #: UPIN#: TAX ID #:

SECTION 3: TYPE OF PRACTICE, TESTING FOCUS

PRACTICE TYPE: Pain Management Internal Medicine OB/GYN Pediatrics Cosmetic Orthopedics Neurology Mental Health Urology Geriatrics Oncology Hospice Substance Abuse PT/Rehab Surgical Ctr.

APPROXIMATE # OF TESTS PER MONTH: Toxicology: (Urine) (Swab) Blood: Tissue: PGT/PGx Swab:

TESTING FOCUS: Toxicology Pain Mgt. Pre-Empl. Subst. Abuse Workman's Comp Law / Legal Hematology Genetics Chemistry Neurology Other:

Do you staff phlebotomist(s)? Y / N Do you have a centrifuge? Y / N Do you require courier services? Y / N

AMERICAN SPECIALTY LAB

7251 W. CHARLESTON BLVD. LAS VEGAS, NV 89117 (702) 233-1791 - p (702) 233-1793 - f

**SECTION IV: ADDITIONAL INFORMATION**

MARK IF N/A: \_\_\_\_\_

PROVIDER NAME: *Last, First, MI*  
 \_\_\_\_\_  
 TYPE:  MD  DO  PA-C  Other: \_\_\_\_\_

NV LIC #: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 UPIN#: \_\_\_\_\_  
 TAX ID #: \_\_\_\_\_

PROVIDER NAME: *Last, First, MI*  
 \_\_\_\_\_  
 TYPE:  MD  DO  PA-C  Other: \_\_\_\_\_

NV LIC #: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 UPIN#: \_\_\_\_\_  
 TAX ID #: \_\_\_\_\_

PROVIDER NAME: *Last, First, MI*  
 \_\_\_\_\_  
 TYPE:  MD  DO  PA-C  Other: \_\_\_\_\_

NV LIC #: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 UPIN#: \_\_\_\_\_  
 TAX ID #: \_\_\_\_\_

PROVIDER NAME: *Last, First, MI*  
 \_\_\_\_\_  
 TYPE:  MD  DO  PA-C  Other: \_\_\_\_\_

NV LIC #: \_\_\_\_\_  
 NPI: \_\_\_\_\_  
 UPIN#: \_\_\_\_\_  
 TAX ID #: \_\_\_\_\_

2<sup>nd</sup> CLINIC or  
 FACILITY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

MARK IF N/A: \_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_  
 PHONE / FAX: \_\_\_\_\_ / \_\_\_\_\_

Will you need **separate** courier services  
 at this location?  
 YES  NO

3<sup>rd</sup> CLINIC or  
 FACILITY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

MAIN CONTACT: \_\_\_\_\_  
 PHONE / FAX: \_\_\_\_\_ / \_\_\_\_\_

Will you need **separate** courier services  
 at this location?  
 YES  NO

*REMINDER: If the locations are managed by and staffed by the same providers, only one profile is needed. If they are separate, an additional profile for each location will be required. If you are unsure, please call the lab and talk to a customer service specialist.*

**THIS IS A CLIENT PROFILE ONLY. THIS IS NOT A STANDING ORDER.**

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