DYNAMIC DNA
L A B O R A T O R I E S

NEW ACCOUNT SETUP FORM

Please email completed form to info@dynamicdnalabs.com

Sales Information

Sales Group Name	Sales Representative Name
Rep Phone	Rep Email
Date of Contact	Person Contacted

Practice Information

Practice Specialty ☐ General/Family ☐ Pediatrics ☐ OB/GYN ☐ Gastroenterology ☐ Infectious Disease ☐ Cardiology ☐ Pain Management/Addiction ☐ Psychiatry ☐ Urology ☐ Hormone Replacement ☐ Sports Medicine ☐ Concierge Medicine ☐ Wellness Clinic ☐ Other ________________________

Practice/Facility Name

Address City State Zip

Phone Fax Main Contact

Secondary Practice/Facility Name

Address City State Zip

Phone Fax Main Contact

Clinic Information (Must have authority to order testing)

Clinician Name	Degree (M.D., D.O., etc.)	Location (Primary, Secondary)	National Provider Identifier (NPI)	Portal Notification Email	Physician Signature

Report Delivery

☐ **RECOMMENDED: Secure Online Report Delivery and Tracking System (an email needs to be provided above for access to the portal)**

Lab Use Only

Date Form Received______________________________ Date Form Verified _______________________ Verified By______________________________

Entered Date _________________________ Entered By _________________________Other Notes ____

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