



## **New Client Registration**

### **Practice Information:**

- If you check yes to using the portal for preferred report delivery method then you must complete the separate OLS Portal User Information Form

### **Ordering Physician Information:**

- Must list all providers full name, NPI, and email

### **Practitioner Acknowledgment:**

- Must print each physicians name on separate forms with the clinic name and then have each physician's signature on their individual form right below next to physician's signature

### **Practitioner Acknowledgment Authorizations:**

- Each physician must print their full name, sign their name, and date

### **Practice Questionnaire:**

- Please complete information for the practice

Note: Complete separate registration forms for each location.

**Please email completed forms to : [Enrollment@OptimumLabServices.com](mailto:Enrollment@OptimumLabServices.com)**