



ONTARIO NATUROPATHIC DOCTOR REGISTRATION FORM

Please complete the form and return to Client Services by e-mail to info@rmlab.com or by fax to 1-866-370-5223.

NATUROPATHIC DOCTOR CLINIC INFORMATION		
Name		
Address		
City	Province	Postal Code
E-mail Address		
Phone	Fax	
After-Hours Contact Phone (required)		

REGISTRATION
Active registration with CONO <input type="checkbox"/>
CONO Registration #

PRIMARY ACCOUNT INFORMATION (complete only if different from above)	
Name	
Phone	Fax
E-mail Address	

BILLING INFORMATION (address for invoicing)		
Credit Card # Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide billing information if different from the Naturopathic Doctor Information.	
Name		
Address		
City	Province	Postal Code
E-mail Address		
Phone	Fax	

SERVICE TERMS	
Pricing	LifeLabs Naturopathic Doctor Price List
Validity	Prices are subject to change with 30 days prior notice
Payment	Net 30 days

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RESULTS REPORTING PREFERENCE		
Launchpad	<input type="checkbox"/> You hereby acknowledge having requested LifeLabs to transmit Lab Test results via electronic means. Please sign the User Acknowledgement form and send to ITServiceDesk@LifeLabs.com	
Autofax	<input type="checkbox"/> Secure Fax Number (please provide) For a fax number to be “secure,” the fax machine must be located in a private place where it cannot be accessed by the public. You will receive a Fax Verification Form to verify the security of your fax. Please sign this form and fax is back as soon as possible. We are unable to fax results until this form has been received.	
Hard Copy (mail)	Please provide mailing address if different from doctor address above	
Address		
City	Province	Postal Code
<input type="checkbox"/> Please check this box to opt out of paper copies of this report		

ADDITIONAL SERVICES
<input type="checkbox"/> Would you like to be listed as a healthcare professional offering our testing services
<input type="checkbox"/> Receive business news via e-mail (e.g. new tests)
<input type="checkbox"/> Patient Test Information Pamphlets
<input type="checkbox"/> Kit collection for other labs. Please list the most common labs and/or kits requested.

I have read and understand the terms and conditions and would like to proceed with a LifeLabs account.

Signature: _____

Date: _____

Print Name: _____